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ART. I.—*The Negro—a Distinct Species*, No. 2. By W. S. FORWOOD, M. D., Alumnus of the University of Pennsylvania, Darlington, Md.

"Does he speak as a theologian, or does he speak as a man of science? If as a theologian, he may argue in peace to the end of the chapter; we shall not care to disturb him. But if he claims to reason as a scientific man, then we expect that he shall submit to the laws of science; then, we consider ourselves privileged to judge him by the rules of *common sense;* then, he must be reminded that those who live in glass houses ought not to throw stones, and that those who use theology to pinion scientific men within hopeless dilemmas, may find, in the end, that it is less difficult than they supposed to turn the tables upon themselves; for, assuredly, if scientific men were only to rouse themselves to the same zeal and love of conquest which animate theologians, there would soon rain down upon theology such a pitiless storm as would require stronger brains to weather than any we have at the present day to contend with."[1]

WE preface the present article with the foregoing pithy extract, that our position in this ethnological discussion may be made manifest unto all men.

We write for the scientific advancement of humanity in *temporal* things; with the *spiritual* it is not our province to deal. We state, and we call for, *facts, not opinions;* and if any man—any *reasonable man*, we will say—should imagine, with his first hasty thought, that his sense of right was aggrieved, or his religion jeopardized, by anything we have heretofore said, or may yet add on this subject, we verily believe that, after calm and sober reflection, he will acknowledge, to his own heart, at least, that neither the one nor the other has been wronged, or suffered injustice at our hands. If what we state be in any respect apparently contrary to the received doctrines of any church or re-

[1] Charleston Med. Journ. and Rev., Charleston, S. C., July, 1856. Art. "Strictures," p. 444.

ligious sect, it will be found in the end that that church, and that religious sect, can, if established on TRUTH, survive, and flourish equally well after this fungus—morbid growth (for such we term the "*unity*" dogma)—has been dissected off (as were astronomy, geology, etc.). "Truth cannot conflict with itself," and therefore the righteous and good—the pure in heart—have nothing to fear from its demonstration; for if *this* be truth, it will not oppose or destroy *their* truth; and if it be not truth, it will, without leaving a scar upon the truthfulness of man, eventually seek its own obscure level. Therefore, we would pray those who have hitherto been so violent in their opposition to the discussion of this question, to cease their hostility, and enter with us into a peaceful, orderly, and truthful disquisition of the facts involved in the inquiry, at the same time eschewing, as scientific men undoubtedly should do, all personal references and disrespectful epithets. We wish it distinctly understood, that if any of the "religious medical enthusiasts" who have "just been taught to exercise the privilege of judging in matters of faith," and, therefore, "become presumptuous in matters of science" (see Dr. Z. Pitcher's *Address* before the American Medical Association, 1857), should attack us in abusive and ungentlemanly terms, with a view of engaging us in such a degrading discussion, they will certainly be disappointed; for we positively will not notice any such, however well convinced of attaining an easy victory over them.[1]

The arguments on the science of *Ethnology* that we offered for the consideration of the public in the May number of the REPORTER, stand as yet without authoritative contradiction; but as many facts have been developed in the progress of this science since the penning of that article, we feel it incumbent on us to continue the subject there opened, by proffering again to the public such recent information on this topic as may be in our possession.

The present paper is offered more as a compilation of authorities, to sustain the position we have previously assumed, than as containing any new views from our pen. We would rather endeavor to establish our points with the words of known authors than rely entirely upon our own, since it is more respectful to the scientific world, who require something more to convince them than the mere *impertinence of assertion.*

"This is as important a scientific question as has ever, in the history of the world, been discussed. It is not merely a point of science to be settled among philosophers, or give rise to journalistic controversies, and enliven scientific society debates. It is one which affects the relative position of the great human fami-

[1] We willingly receive and adopt Dr. A. Denny's broad and substantial basis of "undoubted truth," as stated in the last REPORTER, for our government in this discussion. We hope, however, that Dr. D. will explain his position more fully.

lies of mankind. It is one to be discussed in the senate, and declaimed upon from the tribune. It is almost as powerful in its influence as any of the mighty popular questions in religion (so-called) has ever been."[1]

Again: "Disguise it as we may, the common origin of the human race is made a question of the times."[2]

Having quoted thus much on the *importance* of the question under consideration, we proceed to show, from the first-named of the two last authorities, the *difficulties* which beset the inquirer, and the *result* which such inquiries produce of the popular interpretation of the Scriptures.

"It is a great misfortune that, in these discussions, the popular interpretation of the first chapters of Genesis is involved, as this brings into the field a mass of bigoted and unqualified critics, who are ever ready to show the weakness of their faith in the Holy Bible by their excessive and unfounded alarm for the safety of its authority, and that, when this authority is either not impugned at all, or when it is only a favorite interpretation of a passage that is in danger—not the truth of it.

"If it come to be discovered that the popular interpretation of Genesis is wrong, ethnologically and chronologically, there is surely, in that, no injury done the Bible, any more than the past discoveries of the erroneous astronomical and geological interpretations of the same Holy Book. * * * * Do the nineteenth century and Protestantism cloak a bigotry and prejudice as malevolent as existed in the age when Galileo was imprisoned?"

This latter interrogatory is well worthy of being weighed by the "*professed* followers of Christ;" for, surely, they can find example nowhere of His teaching such intolerance and malevolence.

Maintaining, as we do, that the origin of the negro is distinct from that of the white species, it is not to be inferred, from our dwelling exclusively on this point, that there are no other species of the *genus homo.* On the contrary, we hold that there are many. The white and black species, however, are undoubtedly the most remote from each other; and the majority of our readers in the United States are personally acquainted with both. For these reasons, therefore, we confine the extent of our remarks principally to the discussion of the distinctive peculiarities observed between these two varieties.

The word *species* has been variously interpreted; and to have its definition established, is important to the proper understanding of the present remarks.

Prichard understands species as including "only the following conditions, namely: Separate origin and distinctness of race,

[1] Edinburgh Medical Journal, vol. ii. Art. "Unity of the Human Race," p. 445.
[2] Med. and Surg. Reporter (Editorial), June, 1857, p. 308.

evinced by the constant transmission of some characteristic peculiarity or organization."

Morton expresses the same idea in fewer words: "A species is a primordial organic form."

Professor Leidy's definition, which is the most satisfactory, has been adopted in the recent works on ethnology: "A species is a mere convenient word with which naturalists empirically designate groups of organized beings possessing characters of comparative constancy, as far as historic experience has guided them in giving due weight to such constancy."[1]

Now the antiquity of our "historic experience" respecting the two races under consideration is sufficiently established, at the present day, to warrant us in positively affirming that the "characters possessed by these groups of organized beings" are strictly "of *comparative* constancy," never, when separated, approximating or receding in the least degree.

"From the investigations of Mr. Birch, the highest authority on Egyptian antiquities, we learn that there are traces of connection between the Egyptian and negro races during the 11th and 12th dynasties, 24 centuries before the Christian era. And although the delineations of the negroes in the painting are not so old as this, not ascending higher, perhaps, than the 15th century before Christ, yet this lapse of between three and four thousand years is quite long enough to dispose of the ethnological problem of the variation of races by time. This is, beyond question, the greatest onward step ever made in ethnological science: in the forcible language of Morton, 'The physical or organic characters which distinguish the several races of men are as old as the oldest records of our species.' Its importance can scarcely be over-estimated, always assuming that the evidence from which it is deduced is unimpeachable. And whilst we have not heard of any competent authority bold enough to call it in question, we at the same time acknowledge that the proofs adduced for its support from the Egyptian monuments are followed out by all other ancient monumental documents in other parts of the world, and quite in accordance with the other facts that bear upon the problem."[2]

Again: "The monuments of Egypt prove that *negro* races have not, during 4000 years at least, been able to make one solitary step, in Negro-land, from their savage state; the modern experience of the United States and the West Indies confirms the teachings of monuments and of history."[3]

[1] The "Moral and Intellectual Diversity of Races," etc. From the French of Count A. De Gobineau, with Introduction by H. Hotz, to which is added an Appendix, by J. C. Nott, M. D., of Mobile: Philadelphia, 1856, pp. 480.

[2] Westminster Review, April, 1856, art. "Types of Mankind," pp. 200–1.

[3] Types of Mankind, by Nott and Gliddon, Phila. 1854, pp. 95–6.

Respecting monumental history, Professor Nott, in his appendix to Count de Gobineau's *Diversity of Races*, says: "The extreme types, we have proven, have been distinct for more than 5000 years, and no existing causes during that time have transformed one type into another. The well marked negro type, for example, stands face to face with the white type on the monuments of Egypt, and they differ more from each other than the dog and wolf, ass and *Equis Hemionus*, lion and tiger, &c. The hair and skin, the size and shape of the head, the pelvis, and extremities, and other points, separate certain African and Oceanican negroes more widely than the above species. This will not be questioned, whatever difference of opinion may exist with regard to the permanency of these forms. In the language of Prof. Leidy, 'The question to be determined is whether the differences in the races of men are as permanent, and of as much value, as those which characterize species in the lower genera of animals.' The races of men, too, are governed by the same laws of geographical distribution as the species of the lower genera; they are found, as far back as history can trace them, as widely separated as possible, and surrounded by local floræ and faunæ."

Coming to more recent authority upon the same subject, we now quote the words of Francis Pulszky, from his chapter in Nott and Gliddon's last work:[1] "Thus we possess effigies of negroes drawn by six different nations of antiquity: Egyptians, Assyrians, Persians, Greeks, Etruscans, and Romans: from about the 18th century B. C. to the first centuries of our era, which all speak for the unalterable constancy of the negro type, such as it is in our own days. We see that it was not only the color, but the peculiar type, that struck the ancients; and which the Romans, for instance, knew quite as minutely as any modern ethnologist. Petronius, who lived under the Emperor Nero, describes, in his novel, three vagabond literary men, who, having taken passage in a ship on the Mediterranean, suddenly discover that it belongs to a merchant on board whom two of them had previously robbed. Dreading his revenge, one of them says: 'Eumolpus, being a scholar, has certainly ink with him; let us, therefore, dye ourselves from top to toe, and as Ethiopian slaves we shall be at his command, without fear of torture: for, by the change of color, we shall deceive our enemies.' But Geiton exclaims, in reply: 'As if color alone could transform our type! For many things have to conspire that the lie might be maintained under the circumstances. Or can we fill our lips with an ugly swelling? Can we crisp our hair with an iron, and mark our forehead with scars, and distend our shanks into a curve, and draw our heels down

[1] Indigenous Races of the Earth, &c., by Nott and Gliddon, Philadelphia, 1857, pp. 190–1.

to the earth, and change our beard into a foreign fashion? Artificial color besmears the body, but does not change it.'

"Voltaire has somewhere wittily remarked: 'The first white man who beheld a negro must have been greatly astonished; but the reasoner who claims that the negro comes from the white man astonishes me a great deal more.'"

Mr. Gliddon says, in the volume last cited, speaking of the *permanence* of type: "Confirming it by a later authority, Count de l'Isle, who, after citing, like Morton, Nott, and myself, the testimony of Egyptian monuments, to prove that *types* have not altered in 4000 years, continues: 'These facts are, to my eyes, of the utmost importance, because they tend to fix the opinion of those who might be tempted to believe that races undergo, in the course of ages, such modifications as that the negro, for instance, might be derived from the white man. All inductions drawn from archæology give to this opinion the most splintering denial. The idea of the permanence of races is justified by all known facts. Now (remarkable circumstance), in order that one could admit the variability of types, it would require that, for three or four thousand years, if not a radical change in races, at least a *tendency towards change*, should have been observed; whereas the facts, far from demonstrating any tendency of this kind, prove, on the contrary, that the races of to-day are perfectly identical with those of by-gone ages.'"[1]

Believing that the foregoing extracts are sufficient, in an article like the present, to establish the *antiquity* and *permanence of types*, we will proceed to another division of the subject. The influence of *climate* on the physical characters of mankind will next very properly engage our attention.

"A few generations of animals are sufficient to produce all the changes they usually undergo from climate, and yet the races of men retain their leading characteristics for ages, without approximating to aboriginal types.

"In fact, so unsatisfactory is the argument based on the influence of climate to Prichard himself, that he virtually abandons it in the following paragraph: 'It must be observed,' says he, 'that the changes alluded to do not so often take place by alteration in the physical character of a whole tribe simultaneously as by the *springing up* of some new *congenital* peculiarity, which is afterwards propagated, and becomes a character more or less constant, in the progeny of the individuals in whom it first appeared, and is *perhaps* gradually communicated, by intermarriages, to a whole stock or tribe. This, it is obvious, can only happen in a long course of time.'

"We beg leave to fix your attention on this vital point. It is

[1] Pp. 510–11.

a commonly received error that the influence of a hot climate is gradually exerted on successive generations, until one species of mankind is completely changed into another: a dark shade is impressed on the first, and transmitted to the second; another shade is added to the third, which is handed down to the fourth, and so on, through successive generations, until the fair German is transformed, by climate, into the black African!

"This idea is *proven to be false*, and is abandoned by the well-informed writers of all parties. A sunburnt cheek is never handed down to succeeding generations. The exposed parts of the body alone are tanned by the sun, and the children of the white skinned Europeans in New Orleans, Mobile, and the West Indies, are *born* as fair as their ancestors, and would remain so if carried back to a colder climate. The same may be said of the other *acquired* characters (except those from want and disease). They die with the individual, and are no more capable of transmission than a flattened head, mutilated limb, or tattooed skin. We repeat, that this fact is settled, and challenge a denial.

"The only argument left, then, for the advocates of the *unity* of the human species to fall back upon, is that of '*congenital*' varieties or peculiarities which are said to spring up, and be transmitted from parent to child, so as to form new races.

"Let us pause for a moment to illustrate this fanciful idea. The negroes of Africa, for example, are admitted not to be offsets from some other race, which have been gradually blackened and changed in moral and physical type by the action of climate; but it is asserted that, 'once in the flight of ages past,' some genuine little negro, or rather many such, were born of Caucasian, Mongol, or other light-skinned parents, and then have turned about and changed the type of the inhabitants of a whole continent. So in America; the countless aborigines found on this continent, which we have reason to believe (see Squier's work) were building mounds before the time of Abraham, are the offspring of a race changed by the accidental or congenital varieties. Thus, too, old China, India, Australia, Oceanica, etc., all owe their types, physical and mental, to *congenital* or *accidental varieties*, and all are descended from Adam and Eve! Can human credulity go farther, or human ingenuity invent any argument more absurd? Yet the whole groundwork of a common origin for some nine or ten hundred millions of human beings, embracing distinct types, which are lost in an antiquity far beyond all records of chronology sacred or profane, is narrowed down to this 'baseless fabric.'

"In support of this argument, we are told of the Porcupine family of England, which inherited for some generations a peculiar condition of the skin, characterized by thickened warty excrescences. We are told also of the transmission from parent to

child of club feet, cross eyes, six fingers, deafness, blindness, and many other familiar examples of congenital peculiarities. But these examples merely serve to disprove the argument they are intended to sustain. Did any one ever hear of a club-foot, cross-eyed, or six-fingered *race*, although such individuals are quite common? Are they not, on the contrary, always swallowed up and lost? Is it not strange, if there be any truth in this argument, that no race has ever been formed from those congenital varieties which cannot be proved, and are not believed by our best writers ever to have existed? No one ever saw a negro, Mongol, or Indian, born from any but his own species. Has any one ever heard of an Indian child born from white or black parents in America during more than two centuries that these races have been living here? Is not this brief and simple statement of the case sufficient to satisfy any one, that the diversity of species now seen on the earth cannot be accounted for on the assumption of congenital or accidental origin? If a doubt remains, would it not be expelled by the recollection of the fact that the negro, Tartar, and white man, existed with their present types, at least one thousand years before Abraham journeyed to Egypt as a supplicant to the mighty Pharaoh?"[1]

For another argument against the supposed effects of climate we will again quote Dr. Nott:—

"India affords a striking illustration of the fallacy of the arguments drawn from climate. We there meet with people of all shades from fair to black, who have been living together from time immemorial. We have the well-known testimony of Bishop Heber and others on this point; and Desmoulins [*Des Races Humaines*, p. 169], adds, 'The Rohillas, who are blonds, and situated south of the Ganges, are surrounded by Nepauleans with black skins, the Mahrattas with yellow skins, and the Bengalees of a deep brown; and yet the Rohillas inhabit the plain, and the Nepauleans the mountains.' Here we have either different races inhabiting the same climate for several thousand years without change; or the same race assuming every shade of color. Of this dilemma, the advocates of the unity may choose either horn."[2]

We take the following from De Gobineau's *Diversity of Races* (pp. 342–3):—

"The believers in the unity of the origin pretend to find them, as I have remarked before, in various local circumstances, such as climate, habits, &c. It is impossible to coincide with such an

[1] Types of Mankind, pp. 57–8.
The above extracts were quoted in the "Types of Mankind" from a work previously published by Dr. J. C. Nott, entitled "Biblical and Physical History of Man." The author adds, in the present volume: "The avowal of the above views drew down upon us, as might have been expected, criticisms more remarkable for virulence of hostility, than for the scientific education of the critics."

[2] Types of Mankind, p. 71.

opinion, for, although these circumstances have always existed, they have not, within historical times, produced such alterations in the races which were exposed to their influence as to make it even probable that they were the causes of so vast and radical a dissimilarity as we now see before us. Suppose two tribes, not yet departed from the primitive type, to inhabit, one an alpine region in the interior of a continent, the other some isolated isle in the immensity of the ocean. Their atmospheric and alimentary conditions would, of course, be totally different. If we further suppose one of these tribes to be abundantly provided with nourishment, and the other possessing but precarious means of subsistence; one to inhabit a cold latitude, and the other to be exposed to the action of a tropical sun; it seems to me that we have accumulated the most essential local contrasts. Allowing these physical causes to operate a sufficient lapse of time, the two groups would, no doubt, ultimately assume certain peculiar characteristics, by which they might be distinguished from each other. *But no imaginable length of time could bring about any essential organic change of conformation;*[1] and as a proof of this assertion, I would point to the populations of opposite portions of the globe, living under physical conditions the most widely different, who, nevertheless, present a perfect resemblance of type."

Hotz, in his *Introduction* to the volume last quoted from (p. 16), emphatically says:—

"If there are, or ever have been, external agencies that could change a white man into a negro, or *vice versa*, it is obvious that such causes have either ceased to operate, or operate only in a lapse of time so incommensurable as to be imponderable to our perceptions, for the races which now exist can be traced up to the dawn of history, and no well-authenticated instance of transformation under any circumstances is on record. In human reasoning it is certainly legitimate to judge of the future by the experiences of the past, and we are, therefore, warranted to conclude that if the races have preserved their identity for the last two thousand years, they will not lose it in the next two thousand."

We will close our remarks on climate by giving one more authority:—

"Dr. Shaw, the traveller from whom we quoted, gives a still more decided testimony against the theory of climate, in speaking of the Moorish women. His words are: 'The greatest part of the Moorish women would be reckoned beauties even in Great Britain, as *their children certainly have the fairest complexion of any nation whatever.* The boys, indeed, by wearing only the tiara, are exposed so much to the sun that they soon acquire the swarthiness of the Arabs; but the girls, keeping more at home, preserve

[1] We furnish the Italics.

their beauty till they are thirty, at which time they are usually past child-bearing.' (*Travels in Barbary and the Levant*, fol. 1738, p. 120.) Here we perceive the true effects of climate on the fair races: a temporary darkening of the parts exposed to the sun—the children of the people so darkened, born perfectly fair! Who can tell the number of ages that the Moors have inhabited the north of Africa? Who can say that their present region is not their original country? And yet, here they are still, a perfectly fair race."[1]

The fact of all known races of mankind being more or less prolific from sexual intercourse with each other, is assumed by the monogenists as an incontestable proof that all these races (including the negro) emanated from a single pair of individuals. When all other arguments fail them, they retreat to this, and here rest with an agreeable feeling of security, believing their position impregnable. Now, the explanation of this prolificness is perfectly satisfactory to us; and we hope, by the use of the works in our possession, to illustrate it as lucidly to others.

Nott says:[2] "Hybridity, heretofore, has generally been treated as if it were a *unit;* whereas, its facts are as susceptible of classification as any other series of physical phenomena. For the terms *remote*, *allied*, and *proximate species*, there will be frequent call, and, in consequence, the reader is requested to look back (*supra*, p. 81) in this volume, to understand the meanings which, in common with Morton, I attach to them."[3]

We next quote the opinions of the same writer from another work:[4] "It is contended, that when two animals of distinct species, or, in other words, of distinct origin, are bred together, they produce a hybrid which is *infertile*, or which at least becomes sterile in a few generations, if preserved free from admixture with the parent stocks. It is assumed that unlimited prolificness is a certain test of community of origin.

"We, on the contrary, contend that there is no abrupt line of demarcation; that no complete laws of hybridity have yet been established; that there is a regular *gradation* in the prolificness of the species, and that, according to the best lights we now possess, there is a continued series from perfect sterility to perfect

[1] Indigenous Races, p. 544. Taken from Luke Burk, *Ethnological Journal*, London, No. 2, July, 1848 "Varieties of Complexion in the Human Race," p. 76–7.

[2] Types of Mankind, p. 375.

[3] The following is from p. 81, to which reference is made above:—

"Dr. Morton defines *species* simply to be '*a primordial organic form.*' He classes species, 'according to their disparity or affinity,' in the following provisional manner:—

"'REMOTE SPECIES, of the same genus, are those among which hybrids are never produced.

"'ALLIED SPECIES produce *inter se*, an infertile offspring.

"'PROXIMATE SPECIES produce, with each other, a fertile offspring.'"

[4] Appendix to De Gobineau's Diversity of Races, pp. 490–1.

prolificacy. The degrees may be expressed in the following language:—

"1. That in which hybrids never reproduce; in other words, when the mixed progeny begins and ends with the first cross.

"2. That in which hybrids are incapable of producing *inter se*, but multiply by union with the parent stock.

"3. That in which animals of unquestionably distinct species produce a progeny which are prolific *inter se*, but have a tendency to run out.

"4. That which takes place between closely proximate species; among mankind, for example, and among those domestic animals most essential to human wants and happiness; here the prolificacy is unlimited.

"It seems to be a law, that in those genera where several or many species exist, there is a certain gradation which is shown in degrees of hybridity, some having greater affinity than others. Experiments are still wanting to make our knowledge perfect, but we know enough to establish our points."

"M. Flourens says: 'Les espèces ne s'alterent point, ne changent point, ne passent point de l'une à l'autre; les espèces sont fixés.'

"'If species have a tendency to transformation—to pass one into another—why has not time (which, in everything, effects all that can happen) ended by disclosing, by betraying, by implying this tendency?

"'But time, they may tell us, is wanting. It is not wanting. It is two thousand years since Aristotle wrote, and we recognize, in our day, all the animals which he describes, and we recognize them by the characters which he assigns. . . . Cuvier states that the history of the elephant is more exact in Aristotle than in Buffon. They bring us every day, from Egypt, the remains of animals which lived there two or three thousand years ago—the ox, crocodiles, ibis, &c. &c.—which are the same as those of the present day.'

"(M. Flourens might have added that the mummies of the white and black races show them to have been as distinct then as now, and that the monumental drawings represent the different races more than a thousand years further back.)

"'Thus, then, through three thousand years, no species has changed. An experiment which continues through three thousand years, is not an experiment to be made; it is an experiment *made*. Species do not change.'

"*Permanence of type*, then, is the only test which he can adduce for the designation of species, and he here comes back plainly to the position we have taken. Let us now test the races of men by this rule. The white Asiatic races, the Jew, the Arab, the Egyptian, the negro, at least, are distinctly figured on the monu-

ments of Egypt and Assyria, as distinctly as they are now, and *time* and change of climate have not transformed any one type into another. In whatever unexplored regions of the earth the earliest voyagers have gone, they have found races equally well marked. These races are all prolific *inter se*, and there is every reason to believe that we here find the fourth and last degree of hybridity. Whether the prolificacy is *unlimited* between all races or species of men, is still an unsettled point, and experiments have not yet been fully and fairly made to determine the question. The dog and wolf become sterile at the *third*, the dog and jackal at the fourth generation; and who can tell whether the law of hybridity might not show itself in man, after a longer succession of generations? There are no observations yet of this kind in the human family." (*See* Dr. Day's observations, on a succeeding page, upon the cross between the white and the Indian.) "It is a common belief, in the Southern States, that mulattoes are less prolific, and attain a less longevity than parent stocks. I am convinced of the truth of this remark, when applied to the mulatto, from the strictly white and black races, and I am equally convinced, from long personal observation, that the *dark*-skinned European races, as Spaniards, Portuguese, Italians, Basques, &c., mingle much more perfectly with the negroes than do the fair races, thus carrying out the law of gradation in hybridity. If the mulattoes of New Orleans and Mobile be compared with those of the Atlantic States, the fact will become apparent."[1]

The author enters into interesting details (where our limits will not permit us to follow him) of hybridity among the lower animals. He cites the experiments of M. Flourens at the *Jardin des Plantes*, which substantiate the author's position with regard to the *degrees* of hybridity.

It is generally conceded that there are at least five species of dogs. These species were figured on the Egyptian monuments more than 4000 years ago, and have strictly preserved their type through all the subsequent ages, unto the present moment, of time. Now it is universally known that all dogs breed freely with each other, producing every variety of size, form, and color. With this simple fact every one is familiar, and it is a case perfectly apposite to the hybridity of the various species of the *genus homo* (mankind).

The mixing of the proximate species of other genera, for instance, the horse, camel, &c., are so many examples among inferior animals of what we believe applies equally to the physiological characters of man. *All species of men are not uniformly prolific.* In view of the many facts recently gathered, we now consider that we are justified in asserting that *the white man and the*

[1] Ibid., pp. 496–7–8.

negro are not unlimitedly fertile; and we produce the following propositions of Dr. Nott[1] (and subsequently those of Dr. Day) to support our position:—

"1. That *mulattoes* are the shortest lived of any class of the human race.

"2. That *mulattoes* are intermediate in intelligence between the blacks and the whites.

"3. That they are less capable of undergoing fatigue and hardship than either the black or whites.

"4. That the *mulatto women* are peculiarly delicate, and subject to a variety of chronic diseases. That they are bad breeders, bad nurses, liable to abortions, and that their children generally die young.

"5. That when *mulattoes* intermarry they are less prolific than when crossed on the parent stocks.

"6. That when a *negro* man married a *white* woman, the offspring partook more largely of the negro type than when the reverse connection had effect.

"7. That *mulattoes*, like negroes, although unacclimated, enjoy extraordinary exemption from yellow-fever when brought to Charleston, Savannah, Mobile, or New Orleans."

The mulattoes do not form a *permanent type.* They can rarely ever be traced beyond the second generation, after which they either die out or are lost in the primitive stocks.

Hence we have not only reason to conclude that the European and negro are types of distinct species, but we are warranted in scientifically classing them as *distant* species.

"The amalgamation of races, there are strong reasons for believing, depends chiefly on their original proximity: their likeness from the beginning. When races are remote, their hybrid products are weak, infertile, short-lived, prone to disease, and perishable. When they are primitively nearer in resemblance, there is still an inherent law operating and controlling their intermixture, by which the predominant blood overcomes that which is in minor proportion, and causes the offspring ultimately to revert to that side from which it was chiefly derived. As it is only where the resemblance of races is most intimate that moral antagonisms can be largely overcome, so it is in these cases alone that we may expect to meet with the physical attraction productive of perfect amalgamation; nature, probably still at times, evincing her unsubdued resistance by the occurrence of families bearing the impress of one or the other of their original progenitors."[2]

The recently published *Medical Statistics of the United States*

[1] Types of Mankind, p. 373.
[2] Crania Britannica, p. 8.

Army, affords us confirmatory and conclusive argument on the degrees of hybridity betwixt the different species of the human genera.

"Speaking of the union of the whites with the Indians, he (Dr. Day) makes this remark, which we commend to the digestion of those who defend the unity of the human race.

"'1. That a mixture of the white and Indian races produces offspring of less viability (life power) than either of the original races.

"'2. That the offspring of this mixture of the two races is a *hybrid, and incapable of propagating itself beyond the third or fourth generation.*

"'So long, however, as one of the parents is of pure white or Indian blood, the offspring may be, to a certain degree, healthy, but it is not generally vigorous; but when both parents are of mixed blood, the offspring is nearly always scrofulous, feebly developed, and generally dies before the accession of puberty. I have never known an individual whose parents were of mixed blood live to old age.'

"If these observations, which have been verified by a great number of our army surgeons, *and are known to be equally correct when applied to the union of the white and the negro*, do not rectify the absurd notions of the amalgamationists, neither would any other natural law, however conclusive. There is not a practical physician in the world who has not had the opportunity to observe the miserable feebleness of the mulatto race; we do not consider the objections of those who deny it worth an answer; it is indisputable, and shows conclusively, as God himself can do it, the diverse origin of the race."[1]

Believing that we have said sufficient on the subject of hybridity, we with reluctance put aside, for want of space, the other confirmatory materials we have accumulated to fortify this part of our argument, and turn now to the special characteristics of the negro.

Although we hold that the negro is entirely distinct from monkeys, orangs, chimpanzees, &c., we do maintain now, as in our former article, that there is a certain approximation between the negro and the lower animals, which is equally close as that between the negro and the European. On this point, we have the authority of Prof. Agassiz, who is one of the most prominent naturalists of the present age. He says: "I am prepared now to show that the differences existing between the races of men are of the same kind as the differences observed between the different families, genera, and species of monkeys, or other animals, and

[1] The Philadelphia Med. and Surg. Journal, vol. vi. No. 1., July, 1857, p. 16. Copied from the "Scalpel." We Italicize.

that these different species of animals differ in the same degree one from the other as the races of men: nay, the differences between the distinct races are often greater than those distinguishing species of animals one from the other. The chimpanzee and gorilla do not differ more one from the other than the Mandingo and the Guinea negro; they together do not differ more from the orang than the Malay or white man differs from the negro. In proof of this assertion, I need only refer the reader to the description of the anthropoid monkeys, published by Prof. Owen and by Dr. J. Wyman, and to such descriptions of the races of men as notice more important peculiarities than the mere differences in the color of the skin. It is, however, but fair to exonerate these authors from the responsibility of any deduction I would draw, from a renewed examination of the same facts, differing from theirs; for I maintain distinctly that the differences observed among the races of men are of the same kind, and even greater than those upon which the anthropoid monkeys are considered as distinct species."[1]

Below, we give the comparison of the general physical characteristics between the white man and the negro, in the words of Dr. J. Mason Good; he, however, following in the steps of Blumenbach, maintains, in spite of this acknowledged disparity, the unity of the species:—

"The general color of the *European* or *Georgian* variety, the *white* division of Gmelin, is fair; that of the cheeks more or less red; the head globular: the face straight and oval, with the features moderately distinct; the forehead slightly flattened; the nose narrow, and slightly aquiline; the cheek bones improminent; the mouth small; the lips a little turned out, especially the under one; the chin full and rounded; the eyes and hair variable, but the former, for the most part, blue, and the latter yellow or brown, and flowing."

Of the African he says:—

"The color of the AFRICAN, the ETHIOPIAN of Blumenbach, and BLACKMAN of Gmelin, varies from a deep tawny to a pitch or a perfect jet. The head is narrow; the face narrow, projecting towards the lower part; the forehead arched; the eyes projecting; the nose thick, almost intermixed with the cheeks; the lips, particularly the upper one, very thick; the hair black, frizzled, and woolly. *The countenance in this variety recedes farther than any other from the European, and approaches much nearer than in any other that of the monkey.*"[2]

Here we have side by side, as given by an opponent, the pecu-

[1] Types of Mankind, pp. lxxiv–v.

[2] Book of Nature, art. "Varieties of the Human Race," p. 199. We Italicize the last sentence.

liarities of the European and the negro; and we have already presented unchallenged testimony that these differences have been fixedly maintained for a period of more than 4000 years.

We submit the following special anatomy of the negro cranium for the consideration of our readers, from *Lawrence's Lectures*, as quoted by Dr. Meigs in the *Indigenous Races of the Earth* (pp. 325–6):—

"The front of the head, including the forehead and face, is compressed laterally, and considerably elongated towards the front; hence the length of the whole skull, from the teeth to the occiput, is considerable. It forms in this respect the strongest contrast to that globular shape which some of the Caucasian races present, and which is very remarkable in the Turk. The capacity of the cranium is reduced, particularly in its front part. . . . The face, on the contrary, is enlarged. The frontal bone is shorter, and, as well as the parietal, less excavated and less capacious than in the European; the temporal ridge mounts higher, and the space which it includes is much more considerable. The front of the skull seems compressed into a narrow keel-like form between the two powerful temporal muscles which rise nearly to the highest part of the head, and has a compressed figure, which is not equally marked in the entire head on account of the thickness of the muscles. Instead of the ample swell of the forehead and vertex, which rises between and completely surmounts the comparatively weak temporal muscles of the European, we often see only a small space left between the two temporal ridges in the Ethiopian. The foramen is larger and lies further back in the head; the openings for the passage of the nerves are larger. The bony substance is denser and harder; the sides of the skull thicker, and the whole weight consequently more considerable. The bony apparatus employed in mastication, and in forming receptacles for the organs of sense, is larger, stronger, and more advantageously constructed for powerful effect, than in the races where more extensive use of experience and reason, and greater civilization, supply the place of animal strength. If the bones of the face in the negro were taken as a basis, and a cranium were added to them of the same relative magnitude which it possesses in the European, a receptacle for the brain would be required much larger than in the latter case. However, we find it considerably smaller. Thus the intellectual part is lessened, the animal organs are enlarged; proportions are produced just opposite to those which are found in the Grecian ideal model. . . . The narrow, low, and slanting forehead, and the elongation of the jaws into a kind of muzzle, give to this head an *animal character*, which cannot escape the most cursory examination. . . . It is sufficiently obvious, that on a vertical antero-posterior section of the head the area of the face will be more considerable in proportion to that of the

cranium in such a skull than in the fine European forms. The larger and stronger jaws require more powerful muscles. The temporal fossa is much larger, the ridge which bounds it rises higher on the skull and is more strongly marked than in the European. The thickness of the muscular mass may be estimated from the bony arch, within which it descends to the lower jaw. The zygoma is larger, stronger, and more capacious in the negro; the cheek-bones project remarkably, and are very strong, broad, and thick; hence they afford space for the attachment of powerful masseters. The orbits, and particularly their external apertures are capacious. Both entrances to the nose are more ample, the cavity itself considerably more capacious, the plates and windings of the ethnoid bone more complicated, the cribriform lamella more extensive than in the European. The ossa nasi are flat and short instead of forming the bridge-like convexity which we see in the European. They run together above into an acute angle which makes them considerably resemble the single triangular nasal bone of the monkey.... The superior maxillary bone is remarkably prolonged in front; its alveolar portion and the included incisor teeth are oblique instead of being perpendicular as in the European. The nasal spine at the entrance of nose is either inconsiderable, or entirely deficient. The palatine arch is longer and more elliptical. The alveolar edge of the lower jaw stands forward like that of the upper; and this part of both is narrow, elongated, and elliptical. The chin, instead of projecting equally with the teeth, as it does in the European, recedes considerably like that of the monkey. The characteristics of the Ethiopian variety, as observed in the genuine negro tribes, may be thus summed up: 1. Narrow and depressed forehead; the entire cranium contracted anteriorly; the cavity less, both in its circumference and transverse measurements. 2. Occipital foramen and condyles placed further back. 3. Large space for the temporal muscles. 4. Great development of the face. 5. Prominence of the jaws altogether, and particularly of their alveolar margins and teeth; consequent obliquity of the facial line. 6. Superior incisors slanting. 7. Chin receding. 8. Very large and strong zygomatic arch projecting towards the front. 9. Large nasal cavity. 10. Small and flattened ossa nasi, sometimes consolidated, and running into a point above. *In all the particulars just enumerated, the negro structure approximates unequivocally to that of the monkey.*[1] It not only differs from the Caucasian model, but is distinguished from it in two respects; the intellectual characters are reduced, the animal features enlarged and exaggerated. In such a skull as that represented in the eighth plate, *which, indeed, has been particularly selected, because it is strongly characterized,*

[1] We Italicize.

no person, however little conversant with natural history or physiology, could fail to recognize a decided approach to the animal form. This inferiority of organization is attended with corresponding inferiority of faculties, which may be proved, not so much by the unfortunate beings who are degraded by slavery, as by every fact in the past history and present condition of Africa."

Prichard, the philosopher, and the greatest champion the advocates of the unity of the human species have ever had, gives the following short sketch of a few of the negro's anatomical features:—

"In the negro, the bones of the leg are bent outwards; the tibia and fibula are more convex in front than in the European; the calves of the legs are very high so as to encroach upon the hams; the feet and hand, but particularly the former, are flat, the os calcis, instead of being arched, is continued nearly in a straight line with the other bones of the foot, which is remarkably broad."[1]

The character of the negro's hair is, as stated in our former essay, a strongly distinguishing feature.

"It is but a few days since a learned and distinguished man of science in one of our southern States, whose authority is quoted by Dr. Forwood, made the remark in our hearing, that he believed he could demonstrate the fact that the hair of the negro is true wool, capable of being felted, and that it has other peculiarities to distinguish it from the hair of the white man. This assertion has often been made. Would it not be well for some one to put it to a practical test by attempting to make a hat or some yarn from the wool of the negro? The experiment can be easily tried."[2]

We have the best scientific authority for the woolly character of the negro's hair. The observations of the distinguished microscopist, Dr. Peter A. Browne, of Philadelphia, are, we believe, the most elaborate ever published on the subject. Comparing the hair of the white man, Indian, and negro, he says: "That of the negro is eccentrically elliptical, or flat. The hair of the white man has, besides its cortex and intermediate fibres, a central canal, which contains the coloring matter when present. The pile of the negro has no central canal, and the coloring matter is diffused, when present, either throughout the cortex or the intermediate fibres. Hair, according to these observations, is more complex in its structure than wool. In hair, the enveloping scales are comparatively few, with smooth surfaces, rounded at their points, and closely embracing the shaft. In wool, they are numerous, rough, sharp-pointed, and project from the shaft.

[1] Taken from De Gobineau's Diversity of Races, pp. 314–15.
[2] Med. and Surg. Reporter, June, 1857, Editorial, p. 309.

Hence the hair of the white man will not felt, that of the negro will. In this respect, therefore, it comes near to true wool."[1]

We will close our remarks on the *physique* of the negro by appending thirty-five of his anatomical peculiarities, as compared with the European:—

1. Black skin.
2. Hair eccentrically elliptical in section, whereas the European's is circular or oval.
3. Fewer hairs on the surface.
4. Greater development of the odoriferous glands.
5. Greater development of the dermal oil glands.
6. Larger genitalia.
7. The color of the eyes is never blue, and in their anatomy are said to resemble those of the monkey.
8. Thick lips.
9. Projecting teeth.
10. Receding chin.
11. Flat nose, and smaller nasal bones.
12. Larger nares.
13. Facial angle less.
14. Relatively smaller brain.
15. Cerebrum has fewer and larger convolutions.
16. Stomach more rounded in form, approaching that of the ape's.
17. Shorter neck.
18. Shorter body relatively to the limbs.
19. Protuberant belly.
20. Longer forearm.
21. Narrower pelvis.
22. Longer foot.
23. Shorter toes.
24. Shuffling gait.
25. Sole of the foot has a greater tendency inward.
26. The foot has no arch, but is filled up with a pad of fat.
27. The calf is thin, high, and inconspicuous.
28. Thighs flat.
29. Smaller cranium, the bones of which are thicker.
30. Foramen magnum posterior to the position occupied in the European.
31. Temporal fossa larger.
32. Temporal ridges more nearly approximated.
33. Pterygoid processes of the sphenoid bone projecting in a line parallel with the facial line, thereby altering the shape of the posterior nares.

[1] Quoted by Hotz in foot-note to De Gobineau's Diversity of Races, pp. 333–34.

34. Os calcis smaller, longer, and has a greater verticular diameter of its posterior articular surface.
35. Smaller infant.

Having produced these indisputable evidences, from the domain of anatomical labors, in support of our belief in the original diversity of the races, we will now take a survey of the negro from the *moral* and *intellectual* stand-point.

"The unity of the species has also been stoutly maintained on psychological grounds. Numerous attempts have been made to establish the intellectual equality of the dark races with the white, and the history of the past has been ransacked for examples, but they are nowhere to be found. Can any one call the name of a full-blooded negro who has ever written a page worthy of being remembered?"[1]

We particularly invite the attention of our opponents to the interrogatory at the end of the above paragraph. One or two examples would not, of course, be sufficient to establish the intellectual capabilities of the whole race, but we do not believe that a solitary individual can be produced who has ever given utterance to a single metaphysical idea.

In forming our estimates of the negro character, it is but justice that we should examine him as he is found in his native land (Africa), enjoying the benefits of his original climate and country, where he is not trammelled by any other race. The defenders of the unity theory are continually averring that the negroes in Africa are in a state of *degradation*. We beg leave to express a different opinion. The word implies that they had occupied a higher mental or moral position, and had fallen from it. There is no evidence whatever that their moral or physical condition has ever been more elevated; on the contrary, as we have shown in our remarks on the antiquity of the human types, we have every reason for believing that they have always been in much the same state as now. *They are in their natural condition, and, consequently, are not degraded.*

We extract again from *Types of Mankind* (p. 189):—

"Dr. Morton, quoted in another chapter, has proven that the negro races possess about nine cubic inches less of brain than the Teuton; and, unless there were really some facts in history, something beyond bare hypothesis, to teach us how these deficient inches could be artificially added, it would seem that the negroes in Africa must remain substantially in that same benighted state wherein nature has placed them, and in which they have stood, according to Egyptian monuments, for at least 5000 years."

[1] Types of Mankind, p. 59.

Again, from the same authority, p. 191:—

"Upon the moral and intellectual traits of such abject types (the African), no impression has been made within 5000 years; none can be made, so far as science knows, until their organization becomes changed by (silliest of desperate suppositions) a "miracle."

Specimens of the negro that are reared in this country are not proper subjects from which to draw typical deductions.

"That negroes imported into, or born in the United States, become more intelligent and better developed in their *physique* generally than their native compatriots in Africa, every one will admit; but such intelligence is easily explained by their ceaseless contact with the whites, from whom they derive much instruction; and such physical improvement may also be readily accounted for by the increased comforts with which they are supplied. In Africa, owing to their natural improvidence, the negroes are, more frequently than not, a half-starved, and, therefore, a half-developed race; but when they are regularly and adequately fed, they become healthier, better developed, and more humanized. Wild horses, cattle, asses, and other brutes, are greatly improved in like manner by domestication; but neither climate nor food can transmute an ass into a horse, or a buffalo into an ox.

"One or two generations of domestic culture effect all the improvements to which negro organism is susceptible. We possess thousands of the second, and many more of negro families of the eighth or tenth generation, in the United States; and (where unadulterated by white blood) they are identical in physical and in intellectual characters. No one in this country pretends to distinguish the native son of a negro from his great-grandchild (except through occasional and even apparent admixture of white or Indian blood); while it requires the keen and experienced eye of such a comparative anatomist as Agassiz to detect structural peculiarities in our few African-born slaves. The "improvements" among Americanized negroes noticed by Mr. Lyell, in his progress from south to north, are solely due to those ultra-ecclesiastical amalgamations which, in their illegitimate consequences, have deteriorated the white element in direct proportion that they are said to have *improved* the black."[1]

With regard to the capacity of the black for education, Lyell himself acknowledges:—

"The separation of the colored children in the Boston schools, arose, not from an indulgence in anti-negro feelings, but because they find they can in this way bring on both races faster. Up to the age of fourteen, the black children advance as fast as the whites; but after that age, unless there be an admixture of white

[1] Ibid., p. 260.

blood, it becomes, in most instances, extremely difficult to carry them forward. That the half-breeds should be intermediate between the two parent-stocks, and that the colored race should therefore gain in mental capacity, in proportion as it approximates in physical organization to the whites, seems natural; and yet it is a wonderful fact, psychologically considered, that we should be able to trace the phenomena of hybridity even into the world of intellect and reason."[1]

Mr. Jefferson's *Notes on Virginia* contains this sentence: "Never yet could I find that a black had uttered a thought above the level of plain narration; never saw even an elementary trait of painting or of sculpture."

This low grade of intellect which we have shown that the negro possesses, and, above which, it is our belief, he is destined never to rise, naturally suggests, to our minds, that he is entirely incapacitated by an unalterable nature for attaining any degree of civilization. On this point, Count de Gobineau speaks as follows: "Conformably to the law of nature, which I pointed out before, the negro, who belongs to a race exhibiting little aptitude for civilization, entertains the most profound horror for all other races. Thus we see the Haytien negroes energetically repel the white man from their territory, and forbid him even to enter it; they would also drive out the mulattoes, and contemplate their ultimate extermination. Hostility to the foreigner is the *primum mobile* of their local policy. Owing to the innate laziness of the race, agriculture is abandoned, industry not known even by name, commerce drivelling; misery prevents the increase of the population, while continual wars, insurrections, and military executions diminish it continually. The inevitable and not very remote consequence of such a condition of things is to convert into a desert a country whose fertility and natural resources enriched generations of planters, which, in exports and commercial activity, surpassed even Cuba."[2]

To give an idea of the real—the horrible condition of the negro in his native country, we will insert an extract from Prof. Bledsoe's recent work:—[3]

"The native African could not be degraded. Of the fifty millions of inhabitants of the continent of Africa, it is estimated that forty millions were slaves. The master had the power of life and death over the slave; and, in fact, his slaves were often fed, and killed, and eaten, just as we do with oxen and sheep in this country. Nay, the hind and fore-quarters of men, women, and children, might there be seen hung on the shambles, and

[1] Second Visit to the United States, i. p. 105. Copied into *Types of Mankind*, p. 404.

[2] Diversity of Races, pp. 195–6.

[3] Liberty and Slavery, Phila., 1857, pp. 293–4.

exposed for sale! The women were beasts of burden; and, when young, they were regarded as a great delicacy by the palate of their pampered masters. A warrior would sometimes take a score of young females along with him, in order to enrich his feasts and regale his appetite. He delighted in such delicacies. As to his religion, it was even worse than his morals; or rather, his religion was a mass of the most disgusting immoralities. His notion of a God, and the obscene acts by which that notion was worshipped, are too shocking to be mentioned. The vilest slave that ever breathed the air of a Christian land, could not begin to conceive the horrid iniquities of such a life."

We now have brought to a conclusion our special remarks on the negro; and, in the present article, only one more argument will be offered against the doctrine of the common origin of the human family. We hope our readers will pardon us for presenting such a lengthy extract as that which follows. Its entire contents are too important to be abridged; and no language of our own could give equal perspicuity in fewer words. It is submitted by us, as it has been by its author, with the greatest respect towards the feelings of those who entertain opinions differing from ours:—

"'The strict rule of scientific scrutiny,' says the most learned and formidable opponent in the adversary's camp,[1] 'exacts' according to modern philosophers, in matters of inductive reasoning, an exclusive homage. It requires that we should close our eyes against all presumptive and exterior evidence, and *abstract our minds from all considerations not derived from the matters of fact which bear immediately on the question.* The maxim we have to follow in such controversies is, "fiat justitia, ruat cœlum." *In fact, what is actually true, it is always desirous to know, whatever consequences may arise from its admission.*'

"To this sentiment I cheerfully subscribe: it has always been my maxim. Yet I find it necessary, in treating this subject, to touch on its *biblical* connections, for although we have great reason to rejoice at the improved tone of toleration, or even liberality, which prevails in this country, the day has not come, when science can be severed from theology, and the student of nature can calmly follow her truths, no matter whither they may lead. What a mortifying picture do we behold in the histories of astronomy, geology, chronology, cosmogony, geographical distribution of animals, &c.; they have been compelled to fight their way, step by step, through human passion and prejudice, from their supposed contradiction to Holy Writ. But science has been vindicated—their great truths have been established, and the Bible stands as firmly as it did before. The last great strug-

[1] Prichard, Nat. Hist. of Man, p. 8, London, 1843.

gle between science and theology is the one we are now engaged in—the *natural history of man*—it has now, for the first time, a fair hearing before Christendon, and all any question should ask is '*daylight and fair play.*'

"The Bible should not be regarded as a text-book of natural history. On the contrary, it must be admitted that none of the writers of the Old or New Testament give the slightest evidence of knowledge in any department of science beyond that of their profane contemporaries; and we hold that the natural history of man is a department of science which should be placed upon the same footing with others, and its facts dispassionately investigated. What we require for our guidance in this world is truth, and the history of science shows how long it has been stifled by bigotry and error.

"It was taught for ages that the sun moved around the earth; that there had been but one creation of organized beings; that our earth was created but six thousand years ago, and that the stars were made to shed light upon it; that the earth was a plane, with sides and ends; that all the animals on the earth were derived from Noah's ark, &c. But what a different revelation does science give us! We now know that the earth revolves around the sun, that the earth is a globe which turns on its own axis, that there has been a succession of destructions and creations of living beings, that the earth has existed countless ages, and that there are stars so distant as to require millions of years for their light to reach us; that instead of one, there are many centres of creation for existing animals and plants, &c.

"If so many false readings of the Bible have been admitted by theologians, who has the authority or wisdom to say to science—'thus far shalt thou go, and no further?' The doctrine of *unity* for the human family may be another great error, and certainly a denial of its truth does no more, nay, less violence to the language of the Bible, than do the examples above cited.

"It is a popular error, and one difficult to eradicate, that all the species of animals now dwelling on the earth are descendants of pairs and septuples preserved in Noah's ark, and certainly the language of Genesis on this point is too plain to admit of any quibble; it does teach that every living being perished by the flood, except those alone which were saved in the ark. Yet no living naturalist, in or out of the church, believes this statement to be correct. The centres of creation are so numerous, and the number of animals so great that it is impossible it should be so.

"On the other hand, the first chapter of Genesis gives an account entirely in accordance with the teachings of science.

"'And God said, let the earth bring forth *grass*, the herb yielding seed, and the fruit tree yielding fruit, after his kind, whose seed is in itself upon the earth; and it was so.' Gen. i. 11.

"'And God said, let the waters bring forth *abundantly*, the moving creature that hath life, and fowl that may fly above the earth in the open firmament of heaven.' v. 20.

"'And God created great *whales*, and every living creature that moveth, which the waters brought forth *abundantly*,' &c., v. 21.

"'And God said, let the earth bring forth the living creature after his kind, cattle and creeping thing, and beast of the earth after his kind; and it was so.' v. 24.

"'God created *man* in his own image; *male* and *female* created he *them*.'

"In the language above quoted, nothing is said about one seed or one blade of grass; about one fruit tree, or about *single pairs* of animals or human beings. On the contrary, this chapter closes with the distinct impression on the mind that everything was created *abundantly*. The only difficulty arises with regard to the human family, and we are here confused by contradictory statements of the first and second chapters. In the first chapter, man was created *male and female*, on the sixth day, in the second chapter, woman was not created until after Adam was placed in the Garden of Eden. Commentators explain this discrepancy by the difference in style of the two chapters, and the inference that Genesis is a compilation made up by Moses from two or three different writers; but it is not our purpose here to open these theological discussions. Both sides are sustained by innumerable authorities. From what we have before shown, it is clear that the inspired writers possessed no knowledge of physical sciences, and as little respecting the natural history of man, as of any other department.

"Their *moral* mission does not concern our subject, and we leave that to theologians to whom it more properly belongs. On the other hand, we ask to be let alone in our study of the physical laws of the universe. The theologian and the naturalist have each an ample field without the necessity of interfering with each other.

"The Bible is here viewed only in its relations to physical science. We have already alluded to the fact that in astronomy, geology, &c., the authors of the Bible possessed no knowledge beyond that of their profane contemporaries, and a dispassionate examination of the text from Genesis to Revelation will show that the writers had but an imperfect knowledge of contemporary races, and did not design to teach the doctrine of unity of mankind, or rather origin from a single pair. The writer of the *Pentateuch* could attach little importance to such an idea, as he nowhere alludes to a future existence, or rewards and punishments; all good and evil, as far as the human race is concerned, with him, were merely temporal.

"This idea of a future state does not distinctly appear in the

Jewish writings until after their return from the Babylonish captivity.

"The extent of the surface of the globe, known even to the writers of the New Testament, formed but a small fraction of it —little beyond the confines of the Roman empire. No allusion is even made to southern and eastern Asia; Africa south of the desert; Australia, America, &c., all of which were inhabited long before the time of Moses; and of the races of men inhabiting these countries, and their languages, they certainly knew nothing. The Chinese and Indian empires, at least, are beyond dispute. The early Hebrews were a pastoral people; had little commercial or other intercourse with the rest of the world, and were far from being 'learned in all the wisdom of the Egyptians.' The Egyptian empire was fully developed, arts and sciences as flourishing, pyramids and gorgeous temples built, not only before the time of Moses, but long prior to that of the patriarch Abraham, who, with Sarah, went to Egypt to buy corn of the reigning Pharaoh. What is remarkable, too, the Egyptians had their ethnographers, and had already classified the human family into four races, and depicted them on the monuments, viz: the black, white, yellow, and red.[1]

"In fact, nothing can be more incomplete, contradictory, and unsatisfactory than the ethnography of Genesis. We see Cain going into a foreign land and taking a wife before there were any women born of his parent stock. Cities are seen springing up in the second and third generations in every direction, &c. All this shows that we have in Genesis no satisfactory history of the human family, and that we can rely no more upon its ethnography, than upon its geography, astronomy, cosmogony, geology, zoology, &c.

"We have already alluded to the fact that the writers of the New Testament give no evidence of additional knowledge in such matters. The Sermon from the Mount comes like a light from Heaven, but this volume is mute on all that pertains to the physical laws of the universe.

"If the common origin of man were such an important point in the eyes of the Almighty as we have been taught to believe, is it reasonable to suppose it would have been left by the inspired writers in such utter confusion and doubt? The coming of Christ changed the whole question, and we should expect, at least in the four Gospels, for some authority that would settle this vital point; but strange as the assertion may seem, there is not a single passage here to be found which by any distortion can be made to sustain this *unity;* and on searching diligently the New Testament from one end to the other, we are not a little surprised

[1] See Types of Mankind, by Nott and Gliddon.

to find but a single text that seemed to bear directly upon it, viz: the oft quoted one in Acts xvii. 26:—

"'And hath made of *one blood* all nations of men for to dwell on the face of the earth,' &c. Being astonished at the fact that this great question of the common origin of man should thus be made to hang so much upon a single verse, it occurred to me that there might be some error, some interpolation in the text, and having no material at hand for such an examination in Mobile, I wrote to a competent friend in Philadelphia, to examine for me all the Greek texts and old versions, and his reply confirmed fully my suspicions. The word *blood* is an interpolation, and not to be found in the original texts. The word *blood* has been rejected by the Catholic Church, from the time of St. Jerome to the present hour. The text of Tischendorf is regarded, I believe, generally as the most accurate Greek text known, and in this the word blood does not appear. I have at hand a long list of authorities to the same effect, but as it is presumed no competent authority will call our assertion in question, it is needless to cite them. The verse above alluded to in Acts should therefore read:—

"'And hath made of *one* all races (genus) of men,' &c.

"The word *blood* is a gloss, and we have just as much right to interpolate *one form, one substance, one nature, one responsibility*, or anything else as blood.

"These remarks on the ethnography of the Bible might be greatly extended, but my object here is simply to show that the Bible, to say the least, leaves the field open, and that I have entered it soberly, discreetly, and advisedly."[1]

Duly impressed with the seriousness with which this question is regarded by many, as well as with its great scientific importance, we, for the present, relinquish our pen.

In sending these views out in the world, although we have with us the support of many good and great men, we do not expect them to be *now* received by the majority of our readers; nay, we may look for hostile and scurrilous language, even from those who profess to follow Him whose mission it was to teach "peace and good-will to *all* men." Still we do believe that the time is not distant when the world will acknowledge and receive these truths; therefore we send this paper forth "like the bread cast upon the waters," with a certain confidence that it will return after many days with its facts conceded.

[1] Nott's Appendix to De Gobineau's Diversity of Races, pp. 505 to 512.

Art. II.—*Treatment of Chancre in the Early Stage of Syphilis.*

By C. T. Bonsall, M.D., Trenton, N.J.

The great majority of cases come to us in the primary stage —the greater part of these in the formative process. There is a chancre developing itself upon some part of the genital organs, with or without swelling and soreness in one or more of the neighboring lymphatics. There has been no constitutional infection as yet. The chancre is the point of disease; destroy it, and we get rid of the specific poison, and the sore will heal. The lymphatic can only be considered as affected by sympathetic irritation. The point of interest to the physician is to destroy the chancre as speedily as possible; if there be no hardened base, he may apply some caustic, dress the sore with simple cerate, and in a few days it will heal, and give no further trouble. If the chancre has an indurated base, the question is, can this be destroyed in reasonable time by escharotics, or is exsection preferable? The knife is often to be preferred to a mere superficial application of caustic. The surgeon will remove the tumor, apply some lunar caustic, and treat the sore afterwards as a simple wound; but, in most cases, he will find that a solution of pernitrate of mercury, or of the fuming nitric acid, or a strong solution of nitrate of silver, will, if properly applied, obviate the necessity of "cutting out," to which most patients object. Let him take a small portion of cotton wadding, saturate it with one of the above corrosives, and apply it directly to the chancre; place upon it several doubles of lint, to soak up any excess of the liquid, and prevent it spreading over healthy parts. A strip of adhesive or isinglass plaster will retain them *in situ*. When this "dressing" is removed, he may, before the eschar sloughs off, apply a dressing of mercurial, basilicon, or simple ointment, or what I think preferable, a strong solution of tannin in water (℥ij to the ℥), by saturating a pledget of lint, and retaining it on the sore with a strip of plaster. If, after the eschar comes off, there be evidence that the chancre has not been completely destroyed, he can repeat the cauterization; when healthy granulations appear, a simple cerate dressing will be all that is necessary. Sores that present profuse ichorous discharges, or having a tendency to

spread rapidly over the superficies, will derive great benefit from a dressing of the tannin solution, or from tannin in powder. If much tumefaction or inflammation supervene, soft poultices containing laudanum may be of benefit, but they should be used sparingly, as they lower the action and tone of the parts to which they are applied, and prepare the way for sloughing; fomentation with tepid water and laudanum answers as well, and being changed oftener, may be preferable. One or more of the neighboring lymphatics may be swollen and painful; this is either from infection or sympathetic irritation (in most cases the latter), and will disappear after the destruction of the chancre. Such a result may be hastened by rubbing in over it a little mercurial ointment once or twice a day. If the swelling remains, or increases, and presents evidence of specific disease, a constitutional treatment will be proper. Proto-iodide of mercury, in grain doses, three times a day, with the application of mercurial ointment over the gland, will most probably cause its resolution. If the chancre seems sluggish, and little disposed to heal, after a moderate mercurial impression on the mouth, I have found iodide of potassium act very beneficially, being almost as valuable in this stage of syphilis as in the secondary (*see* page 185, vol. x.). To obtain the best results with iodide of potassium, the dose must be steadily increased from say eight or ten grains three times a day up to a hundred or a hundred and twenty grains daily, in three or four doses, always halting, and proceeding cautiously in increasing the dose when sneezing becomes violent, or the conjunctiva irritated and inflamed. Iodide of potassium, like nitrate of potash, should be given in a considerable amount of any vehicle desirable. I commonly order the dose to be taken in a teacupful of hop tea, and seldom hear complaint of irritation of the stomach or fauces.

ART. III.—*Spasm of the Diaphragm.* By S. C. THORNTON, JR., M. D., Moorestown, N. J.

MRS. K—, the subject of this disease, is a married woman, the mother of two children, is thirty-five years of age, and above the medium size.

During the intervals of these attacks, she enjoys excellent health, is generally affected with them once in six or eight months, and is obliged to keep her bed during their continuance, which lasts generally two or three weeks. The spasmodic action is very strong and very quick; continues night and day, with no intermissions, excepting the short and regular ones of ten seconds, that occur between each contraction. These contractions jar her considerably, allow no sleep, and render her almost insusceptible to the influence of opium, and leave her feeling so sore and badly bruised that she dreads to be moved or touched. One peculiarity of the case is in regard to the secretion of urine. Several times during the progress of the complaint she had the symptoms of strangury, and was unable to urinate for three or four days at a time; neither were diuretics of any avail here.

Owing to the incessant motion of the recti, depending upon the spasm of the diaphragm, the state of the bladder could not be satisfactorily determined externally. Being obliged to resort to the catheter, I was never able to draw off more than a pint, which was the total amount secreted during three or four days. I was particular that practising deception in regard to this fact should be avoided, and I believe none was practised.

Although I have described this case as one of "spasm of the diaphragm," yet, as some doubts might arise in the minds of others in regard to the correctness of the diagnosis, I will give my reasons for considering it such. It certainly is either simply spasm of the abdominal recti, spasm of the diaphragm only, or spasm of all three of these muscles jointly. I cannot conceive that spasm of the recti only would jar any one's person as violently as in this case; moreover, as expiration is produced by the contraction of the abdominal muscles towards the spinal column, the diaphragm being at the same time forced upwards, if there had not been a contraction of the diaphragm, expiration would have occurred simultaneously with each apparent contraction of the abdominal muscles. But contraction and expiration did not occur simultaneously, nor were the recti drawn towards the spine. Inspiration, however, being produced by the descent of the diaphragm, attended by expansion of the chest and abdominal walls, was to be expected here, and such actually occurred; it was, however, much shorter than that which occurred between the con-

tractions. The forced and sudden movement of the recti outward, I believe, was owing to the pressure of the abdominal viscera against the abdominal walls, depending upon the equally sudden contraction of the diaphragm. Neither was there any other evidence of contraction as is usually found in the muscular tissue. For these reasons, I believe it to have been a case of spasm of the diaphragm only. From singultus, it differs in not being attended with the sudden stoppage of the air in the trachea, depending upon spasm of the glottis and the sonorous inspiration attending its re-opening.

The voice of this individual, during conversation, is interrupted but little, if any, by these abdominal spasmodic muscular actions.

I have not been able to find this disease described in the books. Gregory merely enumerates this, with several other functional diseases, as symptomatic of prolapsus uteri. It did not, however, depend upon such a cause in this case. From such a comprehensive axiom as that of Prof. Wood, of the University of Pennsylvania, we might suppose the disease to have been recognized in his *Practice*, although not nominally mentioned by him, viz: "there is scarcely a single morbid sensation or perversion of function occurring in any part of the body beneath the head which may not originate in spinal irritation." The corollary drawn from this axiom, and the treatment of this case, is that no other treatment than that adapted to the treatment of spinal irritation will avail much here. Beside the external treatment for spinal irritation, the best internal treatment, in my opinion, is camphor and chloroform given together in emulsion; no other of the nervous and cerebral stimulants produced any curative effect.

ART. IV.—*Cancrum Oris.* By N. C. REID, M. D., of Philadelphia.

THE frequent announcements of deaths from cancrum oris induces me to forward to you the treatment adopted by myself and several physicians of this city. Our universal success inculcates the opinion that death should not be the result of the disease.

1*st*. Ol. ricini, f℥ss; Ol. terebinth., ℈j (gtt. xxv?); Ol. menth. vir. gtt. i. Ft. haust. To relieve the bowels of their ingesta, &c.

2*d*. Potassæ chlorat. ʒij; Aq. bullient. fʒvss; Acidi muri. gtt. xxx. M. et solve, et adde en solutio Ol. kreasoton, gtt. iij; Vini rect. fʒss. M. Of this give a teaspoonful every two or three hours, and wash the parts affected frequently.

Give beef-tea, &c., as diet, and in seventy-two hours the patient will be found nearly, if not quite, restored to health. Even in aphthous sore mouth, it is an almost infallible remedy.

The chlorine seems to destroy the gangrenous tendency, the potash to unite with the fatty matter and albumen, forming a coating which, while it shields the ulcered parts from atmospheric action, stimulates healthy granulation. Will those who try it furnish notes of their success, and *vice versa?*

ART. V.—*Abstracts prepared expressly for the* REPORTER, *from Exchanges received at this office, and from other sources.*

(*a.*) SURGICAL.

1. *The Swallowing of Coins and other Metallic Substances.*—The following cases, condensed from the October number of the *Buffalo Medical Journal*, we take from the *Boston Medical and Surgical Journal.*

We preface it with a brief notice of a novel method of extracting a foreign body from the œsophagus, communicated to the latter journal by Dr. David Rice, of Leverett, Mass. A lady, aged 70, while eating chicken soup, accidentally swallowed a piece of bone the size of an American quarter of a dollar, cut into a trianguar form. It lodged in the œsophagus, about two inches below the top of the sternum. She neglected to apply for surgical aid till the fifth day. In the mean time she could swallow neither food nor drink, both regurgitating back into the mouth.

Dr. Rice first attempted to remove the bone by fastening a dozen or more loops, about an inch long, made with small linen twist, to a whalebone. But the loops failed to attach themselves to a corner of the bone. The doctor succeeded, however, in ascertaining the exact position of the bone, finding that it rested on the posterior side of the œsophagus, standing perpendicularly, with two of its corners fastened into the gullet.

He finally took a piece of *dry sponge*, about an inch long, and of such a shape, while dry, as to fill one-half the œsophagus. This he tied to the extremity of his whalebone sound. Turning back the head of his patient,

he passed it down the œsophagus, *in a dry state*, as rapidly as he dared, until he was certain it had passed beyond the bone. He then introduced a little fluid into the mouth, which quickly reached the dry sponge, enlarging it to twice its natural size, completely filling the gullet. He then drew it out, and with it came the bone, much to the relief and gratification of all concerned. [That man certainly has not mistaken his calling!—Ed. Med. and Surg. Reporter.]

"At a late meeting of the Buffalo Medical Association, Dr. A. W. Nichols reported two cases in which the new American cent piece was swallowed. In the first case, a girl of three years, a dose of castor oil was given, and the coin was passed the next day, slightly corroded, after remaining in the body about thirty-two hours. In the second, a girl of two years, no medicine was given, and the cent was voided in twenty hours, scarcely tarnished. No inconvenience was experienced in either case. Prof. Hamilton reported several cases—one, G. R., a boy, by whom a similar coin was swallowed in August last. In forty-eight hours, no inconvenience had been experienced, and he had not since been called on. E. A., aged 45, swallowed a shilling piece, and passed it the next day without inconvenience. W. B., aged nine months, swallowed a three-cent piece; had slight diarrhœa till the fourth day, when the piece was passed, much discolored, but not eroded. E. S., aged three years, swallowed a *bogus* ten-cent piece, but this 'passed' as well as the genuine, on the third day, without physic. B. M., aged 7, swallowed a copper cent. Breathed with difficulty half an hour, uncomfortable sensation in stomach, and voided the coin on the third day, discolored, but not eroded. W. H., aged 45, swallowed a copper cent. Choking sensation and weight in stomach several weeks. Knows not what has become of the coin. E. M., aged 7, swallowed a copper cent. For several days vomited everything eaten—also greenish matter. About four months after, the cent was voided, smooth, not eroded or even discolored. W. C., aged 4, swallowed a copper cent in April last. Complained of pain at pit of stomach for a week, when a stomach tube was introduced and the penny apparently pushed from the cardiac orifice into the stomach. He was relieved, is now well, but the coin has not been seen. E. K., aged 10, swallowed a copper cent in 1835, and is now alive and well. Mr. F., aged 30, swallowed a $20 gold piece, which lodged in the œsophagus. Dr. H. tried to remove it, and pushed it into the stomach. Two years afterward he was well, and was not aware that the coin had passed. An infant, aged 2, swallowed a brass pin in 1849. No remedies were ordered, no inconvenience was experienced, and the pin has not been seen. Mrs. H. swallowed a small pin. Three days after, she had had no inconvenience from it, and she has not since been heard from. Miss —— swallowed a pin in 1855. She has experienced no trouble from it, and does not know what has become of it. H. L., aged 8 months, swallowed a tenpenny nail. The child had a hernia, and in two days the nail was felt in the hernial sac, and pushed back by a surgeon into the belly. In two weeks more it passed the rectum. E. R., aged 2 years, swallowed a brass button, and passed it in four months without receiving any inconvenience from it. Dr. S.,

when 8 years old, swallowed part of a glass door-knob, irregular, and with sharp angles—its longest diameter a little more than an inch, its shortest three-quarters of an inch, and weighing 162 grains. He kept still, and took castor oil each day, till the third day, when the knob was passed. Dr. Hamilton also referred to many similar cases recorded by different authors, and likewise to one not mentioned in the books—in which the inventor of the 'Cure-All' being sent for, after a silver dollar had been swallowed, administered his medicine in some West India treacle, and in an hour it is said the dollar was brought away in small change, mostly five-cent pieces! Dr. Strong referred to a case in which an old cent, five days after being swallowed, was dislodged from the œsophagus by a probang, and soon passed per anum. Cases were likewise related by other members, viz., several in which a cent of the old coinage had been swallowed; four or five, a new cent; one, a common brass coat-button; one, a piece of lead; one, a Spanish quarter; one, a piece of brass; and another, in which a highly-prized *bull's-eye watch* was twice swallowed to preserve it when in danger of being lost. In none, was there any serious inconvenience. The opinion of the members seemed to be unanimous that neither emetics nor cathartics were of any use in these cases."

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2. *Complete Dislocation of the Cervical Vertebræ—Reduction on the tenth day—Recovery.*—Among other contributions to practical surgery, by Daniel Ayres, M. D., which we find in the *New York Journal of Medicine*, is one rarely met with in the annals of surgery, viz., a complete dislocation of the cervical vertebræ. Dr. Ayres could find the report of but a single case to guide him in his diagnosis and mode of reduction, viz., that of Walther, quoted by Chelius in his Surgery, South's edition, vol. ii. The details of the case may be found in Walther's *Journal of Surgery*, vol. iii. pt. i. p. 197.

Partial dislocations have been frequently recognized, and reduced with varied success, by both European and American surgeons. Some of the most eminent writers on surgery have recommended that these cases be left to themselves, on account of the imminent danger of sudden compression of the spinal cord, and certain death, from attempts at reduction. Seyfert, however, strongly opposes such recommendations, and advises reduction. He directs that the patient be placed sitting on the ground, with the shoulders firmly held by an assistant. The surgeon then grasps the head with one hand beneath the chin, and the other beneath the occiput, making extension, first in the direction of the dislocation, then, in the longitudinal axis of the neck; and when this seems to have been sufficiently made, he twists the neck strongly toward the dislocated side. Dr. James R. Wood, of New York, safely, and completely reduced a partial luxation of this kind in a child, by employing similar manipulations. The fact should never be lost sight of,

however, that instantaneous death *may* be the result of attempts at reduction of even a partial dislocation of the vertebræ of the neck.

Dr. Ayres' case was not one of deformity alone, for death by starvation was inevitable, even had he escaped the consecutive damage which would probably have ensued upon the spinal cord.

Case. E. K., a laboring man, æt. 30, tall and muscular, but not fat, went into a store—being at the time in a state of intoxication—where he had some angry words with an acquaintance. Leaving the store, he proceeded up the street (which was rather a steep ascent), when he was violently struck from behind, over the lower portion of the neck. He fell forward, striking some object, he knew not what, nor did he know what took place subsequently until the following morning. His wife, supposing that he had taken cold, and had a "stiff neck," made some domestic applications to the part, and administered a cathartic, but failing to obtain relief, medical aid was sought. Dr. Ayres saw the patient on the ninth day. With some assistance and great personal effort, he was able to get out of bed, moving very slowly, and cautiously. Desiring to expectorate, he was obliged to get down on his hands and knees, which he accomplished with the same deliberation. When seated in a chair, the head was thrown back and permanently fixed; the face turned upwards, with an anxious expression. The anterior portion of the neck, bulging forwards, was strongly convex, rendering the larynx very prominent. The integuments of this region were exceedingly tense, and intolerant of pressure. The posterior portion of the neck exhibited a sharp, sudden angle at the junction of the fifth and sixth cervical vertebræ, around which the integuments lay in folds. It was difficult to reach the bottom of this angle, even with strong pressure of the fingers, and of course, the regular line formed by the projecting spinous processes was abruptly lost. He complained of intense and constant pain at this point, which was neither relieved nor aggravated by pressure. With difficulty he swallowed small quantities of liquid, pausing after each effort, and could not be induced to take solid food, as the first attempt to do so after the accident was followed by violent paroxysms of coughing and choking. His breathing was obstructed and somewhat labored, being unable fully to clear the bronchia of their secretion. There was no evidence of paralysis, either of motion or sensation, in parts below the neck. The sterno-cleido-mastoid muscles of both sides were felt quite soft and relaxed.

It was determined to attempt reduction the following day. The patient was placed upon a strong table, in a recumbent posture, with a pillow resting under the shoulders, the head being supported by the hand during the administration of chloroform, of which an ounce was

given before complete anæsthesia ensued. Counter-extension being made by two folded sheets placed obliquely across the shoulders and properly held, the head was grasped by one hand placed under the chin, the other over the occiput, and by steadily drawing the head directly backwards, and then upwards, an attempt was made at reduction, but failed for want of sufficient power. With the aid, however, of the hands of an assistant, placed immediately over his own, Dr. Ayres succeeded in dislodging the superior oblique processes from their abnormal position. When this was felt to be yielding by a third assistant (who kept one hand constantly at the seat of dislocation), a fourth was directed to place his hands under those of Dr. A. and the first assistant, and aid in bringing the head forward; at the same time the chest was depressed towards the table. The bones were distinctly felt to slip into their places, and the line of the spine was instantly restored, the head and neck assuming their natural position and aspect.

As soon as the patient became conscious, he expressed himself as free from pain, "all right," but perfectly unconscious of what had taken place. A bandage was arranged to support the head, and keep it bent forward. He had an anodyne for two nights following, after which, no further treatment was necessary, and at the end of one week, he had complete control over the movements of the head and neck.

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3. *What are Internal Hæmorrhoids?*—Mr. Salmon (*Med. Times and Gazette*) says that the idea that "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of bygone and very mistaken pathology. The *dilatatio venarum* theory has been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon, who is very positive in his opinion on this point, is supported to the full by Mr. Ashton and Mr. Syme.

He defines internal piles as prolapsed Morgagnian columns, hypertrophied, and rendered vascular by constriction, and states that their division into segments corresponds in number with the number of the columns in the individual. When it is considered that in children the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one, thus favoring a prolapse comprising the whole circumference of the bowel, while in the adult the sphincter is more firm, and the mucous and muscular coats are much more closely connected, rendering circular prolapse in them exceedingly rare, we have clearly explained, upon anatomical grounds, why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse

never have piles as a complication; the latter fact being one which, upon the old view of their being distinct conditions, it would be very difficult to account for. This view of the nature of piles has an important bearing upon their treatment, for no one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.

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4. *The Ecraseur.*—Dr. James B. Greely, of Nashua, N. H., communicates to the *N. H. Journal of Medicine* the following respecting the "*écraseur:*"—

The old practice of strangulating hæmorrhoids has been so much improved upon by the French method, that I cannot forbear reporting a single case.

I was called to see an old lady, 70 years of age, who had suffered 40 years from what she called the "*nasty piles.*" Upon examination, I found these tumors, the largest the size of a common hen's egg, protruding through the sphincter. They were much inflamed, bleeding profusely, and very tender to the touch. Drawing them forcibly down, by means of a strong pair of hooked forceps, I passed a ligature around their base, in order to pedunculate them; after which, I applied the "*écraseur,*" and removed them all at once, without the loss of a *single drop of blood.* It occupied twenty-two minutes in separating them from the rectum.

The patient refused to take chloroform, and complained of no pain after the first moment of the operation. Confining her bowels with an opiate injection, I ordered her to be kept quietly in bed. The next day, she complained of some tenderness, which lasted three days, after which, it all passed away. No other unfavorable symptoms occurred; and on the fourth day she performed her accustomed household duties without inconvenience.

Possibly, all may not be familiar with this instrument, which is very simple, viz: a handle and a staff about twelve inches in length, upon the end of which is fitted, at right angle, a piece of steel an inch in length, containing a mortise, through which a chain is passed, forming a loop, and fitting the mortise exactly. One end of the chain is attached to the handle, and the other to a movable screw fixed to the handle in such a way that by turning the screw the loop in the chain is made gradually smaller, and is at last drawn through the mortise. In operating, the loop is placed around the base of the tumor, and is slowly constricted by means of the screw.

While in Paris, last winter, I saw the inventor, M. Chassaignac, use this instrument many times. I saw him amputate breasts and various kinds of tumors with complete success, and without the slightest hemorrhage. I think it is peculiarly well adapted to the removal of hæmorrhoids, tumors of the tongue, polypus of the uterus, and in performing circumcision.

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5. *Operation for Internal Piles with the Ecraseur.*—Dr. Coale mentioned the case before the Boston Society for Medical Improvement (*Boston Med. and Surg. Journal*). Accompanying the piles was a prolapsus of the rectum. The attendant mentioned that the patient had lost, on the day before, half a teacupful of blood. Dr. Coale had previously tried the ligature, ineffectually. The patient was etherized, and the *écraseur* applied. In six minutes, the tumor was removed, the hemorrhage not exceeding half a teaspoonful. Cold water dressings were applied; and in the afternoon of the same day the patient was comfortable. There was no sloughing; the surface of the wound became covered with healthy pus; and in one week cicatrization was complete. No pain was experienced at any time. The disease had existed for more than a year.

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6. *Spontaneous Gangrene.*—Dr. Behier, after a careful examination of numerous cases of spontaneous gangrene, concludes as follows: 1. The most frequent cause of spontaneous gangrene is obliteration of arteries. 2. If obliteration of veins exists at the same time, œdematous swelling of the limb accompanies the gangrene, while in cases of purely arterial obstruction the so called dry gangrene results. 3. The most frequent, if not the only cause of arterial obliteration is arteritis; and, in consequence thereof, phenomena occur which ordinarily are analogous to certain symptoms of the typhoid condition. 4. The occurrence of spontaneous gangrene, only in consequence and during the course of typhus, *without an obliteration of an artery*, must be considered as very improbable.—*Union Médicale.*

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7. *Removal of Warts by Chromic Acid.*—The following by I. L. Crawcour, M. D., of New Orleans, we take from the *Med. News and Hospital Gazette* of that city:—

In a late number of the *Medical Times and Gazette* appeared some experiments, by Mr. Marshall, on the use of chromic acid. Two cases have recently come under my own observation; and the results have been very satisfactory. A gentleman called on me about three months ago, complaining of a wart on the top of his head. It was about the size of a twenty-five cent piece; and the extremity was rough and split vertically. He had suffered from it for several years; and it gave him a great deal of trouble, bleeding whenever he combed his head. I painted it thoroughly, by means of a glass brush, with a saturated solution of chromic acid. The remedy produced little pain, the surface of the wart instantly blackened, and, twelve days afterwards, a scab fell off, leaving a clear reddish surface underneath, and perfectly smooth. I examined this gentleman's head a few days ago; the skin is now perfectly healthy; and hair is growing on it. About two weeks ago, another case presented itself, of a similar character. I applied the same remedy. The

scab, however, has not yet separated; but I fully expect the result to be identical with the former. The advantage of this caustic is that it leaves no scar, and does not destroy the hair bulbs when applied to the scab. Its influence is undoubtedly owing to the readiness with which it parts with its oxygen, yielding half of its oxygen when applied to organic substances, passing to the state of green sesquioxide of chromium, this being the most powerful oxidizer we possess. Its preparation is very simple. Make a saturated solution of bichromate of potash, and add strong sulphuric acid as long as any precipitate of chromic acid falls; pour off the supernatant liquor, and dry the residue on a tile or brick. I prefer filtering through a glass funnel partially filled with asbestus. In preparing it, caution must be used not to allow any organic substance, as paper or wood, to come in contact with it, as instant decomposition ensues. The solution I employ is one part chromic acid, and one part water.

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8. *Voluntary Dislocation of the Joints.*—Dr. Samuel Haynes, of Saranac, N. Y., reports the following singular case in the *Boston Medical and Surgical Journal.* He was called to advise in the case of G., a lad of seven years, with talipes varus, born of healthy parents, whose other children are generally healthy. He is very quick motioned, understands mostly what is said to him, but is only able to speak a few words indistinctly; did not walk until within a few months, and is of a scrofulous diathesis.

What is of particular interest in the case is the fact that he can dislocate voluntarily nearly all the joints of the extremities, and as readily reduce them. He will dislocate the knee-joints, and reduce them by muscular contraction with perfect ease, without manual aid; and he will do the same with the thumb, finger, wrist, and elbow-joints!

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9. *Chloroform in Chorea.*—M. E. Géry recommends chloroform in chorea very highly. There is, in his opinion, no remedy which gives more certain and sure relief. Mild cases are quickly brought to a cure by this remedy; while in graver cases the paroxysms are ameliorated, and rendered less frequent.

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10. *Amylen.*—Drs. Egger and Petry report[1] several operations in which amylen was used as an anæsthetic. Their conclusions are as follows: 1. Inhaled a sufficient length of time, amylen is capable of inducing a complete loss of consciousness and sensation. It is hence a narcotic like chloroform and ether. 2. These three substances are similar in their action on the circulation of the blood; but amylen seems to be the highest potentiated in this action. 3. Amylen irritates the

[1] Wiener Mediz. Wochenschr.

mucous membrane but little. Paroxysms of cough and difficulty of respiration were not observed. 4. Delirium did not occur in these cases. In some cases, sensation ceased; while consciousness (with impaired or suspended volition, however) continued. In such cases, minor operations can be performed in the first stage of narcosis without causing pain. Loss of sensibility, with entirely *clear* consciousness, was never observed. 5. The stage of exaltation terminated principally in disturbed innervation of the muscles. This stage continued for a comparatively short time. 6. The duration of narcosis by amylen is of short duration, but can easily be prolonged. The mental faculties return suddenly. 7. Unfavorable sequences were not observed. Neither the feeling of drunkenness, as in anæsthesia by ether, nor headache, nausea, vomiting, retention of urine, or salivation set in. Favorable results of the use of this anæsthetic are also reported by Dr. Losada, of Madrid. (*El Siglo Med.*)

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11. *Glycerine Caustic in Lupus.*—Prof. Hebra, of Vienna (*Bul. de Thérap.*), employs the following formula: Iodine and iodide of potassium, of each, four parts; glycerine, eight parts. It is applied on alternate days by means of a pencil. It causes pain for more than two hours, but possesses the power of curing the lupus without the disadvantage of giving rise to deforming cicatrices.

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12. *Waxy Softening of the Bones.*—Prof. Kilian communicates two interesting cases of this kind in the *Monatsschrift f. Geburtskunde.* We extract one:—

A woman, after her fifth confinement, was taken with rheumatic pains in consequence of cold. At the same time, she emaciated, and appeared to grow smaller. In this condition, she again became pregnant; and, a malformation of the pelvis having occurred, the Cæsarean section was deemed to be necessary. To have it performed, she was sent to Bonn. But, on her way thence, labor set in, and she was carried into the lying-in institution at Cologne. Before the Cæsarean section could be resorted to, powerful pains caused the expulsion of a child, weighing seven and three-quarter pounds. During labor, the pelvis had become extended, but returned to its former condition after the labor was accomplished. Soon after, the mother died. The bony pelvis was prepared in alcohol, and could be stretched like India-rubber. The microscopical examination showed the stellate cells to be filled with an oily substance, many of them considerably enlarged. The basic phosphate of lime had been changed into the acid phosphate in the neighborhood of the cells. The rest of the substance contained lactic acid. The pelvis, when dried, was excessively light.

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13. *Hydrarthrus.*—Dr. Joly treated an old case of articular dropsy at the knee-joint, which had resisted all other means, by puncture, and

injection of iodine. A common hydrocele troikart was carried over the internal head of the tibia through a fold of skin (to prevent the entrance of air) into the articular cavity, when four to five ounces of yellowish, serous, somewhat viscid fluid escaped. A mixture of ninety grammes of tincture of iodine, with the same quantity of water, was then injected, and cold applications used. The inflammatory reaction was but feeble. On the third day, a new accumulation of serum was observed; on the fifth, the injection was repeated. This time, the articular dropsy did not recur; and, after a fortnight, the patient left the hospital.

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Lactic Acid as a Remedy in Dyspepsia* (*Med. Times and Gazette*).—Under the name of "pepsin,"[1] an article has long been used in dyspepsia and other functional derangements of the stomach, first by Dr. Nelson, of Birmingham,[2] and subsequently by many French physicians. Drs. Ballard and Sieveking noticed it favorably. Dr. O'Connor also tested its value, but without satisfaction. He subsequently had recourse to lactic acid, first testing its digestive powers as compared with pepsin, by placing an equal weight of animal fibre, in equal proportions of pepsin and of lactic acid, in separate vessels, in an equal temperature, when he found that the fibre in the lactic acid was reduced to a pulpy state in a very much smaller space of time than that which was put into the pepsin. After this experiment, he had recourse to its use as a remedy in those affections of the stomach before alluded to. Dr. O'Connor had an excellent opportunity of testing the efficacy of the lactic acid in dyspeptic conditions of the stomach, among the out-patients of the Royal Free Hospital. After a trial in over fifty cases, he concluded that the good results following its use fully justify him in recommending it as a valuable agent. It is very necessary to be sure that the lactic acid prescribed should be of chemical purity, and of uniform strength. The dose varies from half a drachm to two drachms or more in infusion of colomba or a little cinnamon water. It should be taken during a meal. The lactic acid found in the shops is not generally pure. That which Dr. O'Connor found to be most efficient, from its greater purity, is prepared by Mr. Bostick, of Brooke Street, Grosvenor Square, London.

2. *Compound Syrup of Phosphates, or "Chemical Food."*—In the REPORTER for December last, we referred to this preparation as being

[1] See MED. AND SURG. REPORTER, vol. x. p. 574 (Nov. 1857), where directions are given for its preparation.

[2] Another authority attributes its use first to Corvisart.

highly recommended by Prof. Jackson, of the University of Pennsylvania. Having had inquiries in regard to it, we copy the formula for preparing it, furnished to the *American Journal of Pharmacy* by Edward Parrish, of the Philadelphia School of Practical Pharmacy:—

Take of	Protosulphate of iron	℥x;
	Phosphate of soda	℥xij;
	Phosphate of lime	℥xij;
	Phosphoric acid, glacial,	℥xx;
	Carbonate of soda	℈ij;
	Carbonate of potassa	ʒi;
	Muriatic acid, Water of ammonia }	of each sufficient;
	Powdered cochineal	ʒij;
	Water, sufficient to make	f℥xx;
	Sugar	℔ biij (Troy);
	Oil of orange	♏x.

Dissolve the sulphate of iron in f℥ij of boiling water, and the phosphate of soda in f℥iv of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless.

Dissolve the phosphate of lime in four fluidounces of boiling water, with sufficient muriatic acid to make a clear solution; precipitate it with water of ammonia, and wash the precipitate.

To the freshly precipitated phosphates as thus prepared, add the phosphoric acid previously dissolved in the water. When clear, add the carbonates of soda and potassa, and afterwards sufficient muriatic acid to dissolve the precipitate.

Now add the cochineal mixed with the sugar; apply heat; and, when the syrup is formed, strain and flavor it.

Each teaspoonful contains about one grain of phosphate of iron and two and one-half grains of phosphate of lime, with smaller proportions of the alkaline phosphates, all in perfect solution.

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3. *On the Excretion of Chlorine Compounds through the Urine.*—Dr. F. Howitz publishes in the *Hospitals, Meddelelser, Anden Roekke*, vol. i. pp. 64—130, his investigations on the relations of chlorine compounds, especially chloride of sodium, in various pathological conditions. He advances the following propositions: 1. In persons suffering from pneumonia, a smaller amount of chloride of sodium is excreted in a given time through the urine than is introduced during the same time by the food. 2. The excretion of chloride of sodium through the urine never ceases entirely. 3. The diminution in its excretion does not keep step with hepatization. 4. This diminution occurs at every age, and in every sex. 5. It takes place in croupous, as well as in lobular, traumatic, or hypostatic pneumonia. 6. It is not influenced by bloodletting. 7. During pneumonia, larger doses of chloride of sodium do not seem to increase its secretion through the urine. It is increased

later, when resolution has commenced; but no immediate effect is produced. 8. The cause of this remarkable change in the excretory relations of chloride of sodium through the urine must be searched for in the circumstance that the pulmonary tissue being affected in pneumonia, the respiration becomes modified in a peculiar manner. [Not very definite.—TRANSLATOR.]

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4. *Rheumatism.*—The following *certain cure* for "racking rheumatism," prescribed by the Ettric Shepherd to Christopher North (*Vid. Noctes Ambrosianæ*) is worthy of medical record. We believe it was exhumed by the *Virginia Medical Journal.*

Shepherd.—I 'll gie ye a simple and infallible receipt for 't, sir, if you hae courage to ack on 't. The morn's mornin', take a dose o' drogs; then get Mr. Nibbs—Mr. Mappleston's successor—to ceep you atween the shoulthers; he 's maist expert wi' his box o' lancets; then take the shoor-bath—no; that 's an anachronism—tak it the first thing in the mornin' afore the drogs; then get an auld woman—be sure she 's an auld ane, sir—no! Mrs. Gentle—to nip your arms, and legs, and back, wi' her finger and her thumb—to nip you severely, sir; and you man na mind the sairness—for at least twa hours; then get in twa cawdies, and gar them beat a' the same pairts wi' swutches as if they were dustin' carpets, say for twenty minutes; then get the above auld woman again to rub and scrub your naked body, frae head to heel, wi' ane o' the hard brushes that John polishes the tables wi', say for half an hour; then a change o' instruments or weepon—for hard brush, coarse towel—and ten minutes o' ditchen; then—the receipt 's drawin' to a close—gar the gardner flog you a' ower, and smairtly, wi' a succession o' fresh bunches o' neetles, that 'll burn your skin as red 's red currans, and mak' ye dance, aiblins, up and doon the floor without en mindin' the want o' music; then cover your limbs and trunk wi' a peculiar pastey plaister that you can get at Duncan & Ogilvie's, the princes o' apothecaries; then on wi' your leathern and your flannel waistcoats, and your nicht-shirt, and in atween twa feather beds in a room wi' a roosin' fire; if the thermometer out o' doors in the shade is at auchty, sae muckle the better; and, if your rheumatism stauns that, there 's nae houp for you on this side o' the grave, and you mau e'en lay your account wi' bein' for life a lameter."

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5. *Uræmia.*—The assertion that the decomposition of urea in the blood into carbonate of ammonia is the cause of those symptoms collected under the term of uræmia has been refuted in the Paris Academy of Sciences by Gallois. He gave rabbits considerable quantities of urea, when phenomena were induced similiar to those of uræmia, such as difficult respiration, tremor, convulsions. Although the blood of these animals was highly loaded with urea, no exhalation of carbonate of ammonia through the lungs could be observed. The expired air was carefully tested with litmus-paper, but no reaction took place. In

several cases, where the blood was examined after death, no trace of carbonate of ammonia was detected.—*Gaz. Hebdom.*

6. *Disease of Brain, and Saccharine Urine.*—Dr. Leudet (*Gaz. Hebd.*) relates four cases in which the urine became saccharine sooner or later during cerebral disease. The following is the most interesting of these cases: A woman, aged 32, was attacked with blindness in one eye, in the sixth month of gestation, without any accompanying paralysis. Headache and vomiting, however, were present. After seven months, comatose symptoms suddenly set in, passing away, however, in the course of twenty-four hours. At the same time, there was great thirst, and other common symptoms of diabetes. An examination of the urine showed it to contain sugar. Under the use of iodide of potassium, all the symptoms were relieved, and the sugar disappeared. In five months, the comatose symptoms returned. No sugar was, however, detected this time.

(*c.*) OBSTETRICAL.

1. *Abortive Treatment of Extra-Uterine Pregnancy by Means of Electricity.*—The following case occurred in the practice of Prof. Burci, of the University at Pisa. A woman, æt. 29, robust, mother of four healthy children, believed herself to be pregnant for some time, when she was suddenly attacked with violent pain in the hypogastric region. She experienced a pressing feeling in the uterus. At the same time, tenesmus, dysuria, frequent syncope set in. On examination, the abdomen was found to be very tender, quite tympanitic; examination per vaginam showed the os and neck normal, little projecting, the os closed; no abnormal discharge. The general symptoms—small, contracted, frequent pulse, worn-out countenance, syncope—were relieved by ol. ricin., frictions with belladonna ointment, fomentations, and evacuating injections. A few days after, the uterus commenced to secrete mucus streaked with blood, which continued for some time. After a fortnight, the symptoms enumerated again reappeared, and with such violence as to simulate peritonitis. Leeches, baths, belladonna ointment, purgatives again relieved the patient. The same group of symptoms, however, occurs twice again, when the attention of the physician is called to an oval tumor of the size of a large lemon, running towards the left fossa iliaca, and which could be perfectly isolated with the hand. Inferiorly and internally, it seemed to adhere to the uterus; externally and superiorly, movable, of a hard feel, somewhat uneven, and entirely insensible on pressure. From all this, Burci believed himself justified to diagnosticate extra-uterine pregnancy having its seat in the left Fal-

lopian tube. If the development of the fœtus was permitted to go on, a fatal internal hemorrhage was to be feared. This development must be arrested at all hazards. At first, recourse was had to frictions with mercurial ointment, extract of conium, and iodide of potassium. No apparent diminution in the volume of the tumor having taken place after about seven days, electric acupuncture was resorted to. Two steel needles, connected with an electro-magnetic apparatus, were introduced into the tumor. The insertion of the needles caused little pain. The more violent, however, was the pain caused by the electric shocks. The favorable result did not necessitate a repetition of the operation. All morbid symptoms ceased. The tumor shrivelled down to the size of a pigeon's egg; menstruation reappeared regularly; and the woman was saved.—*Gaz. Med. Ital.*, 1857—*Medic. Newigk.*

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2. *Absence of the Parietes of the Abdomen in an Infant.*—Dr. S. Ramsey, of Reedsburg, Wis., reports (*N. W. Med. and Surg. Journal*, October, 1857) that he had recently been called to see a male infant, just born, which was apparently perfectly developed in every way, except that the entire parietes of the abdomen were wanting. The chest was well developed; and the little fellow was crying lustily.

When born, there was nothing but the peritoneum to keep the viscera, the stomach, liver, spleen, and intestines in their position; but this was soon afterwards ruptured by the child drawing up its knees, when all the viscera mentioned were exposed to sight. Dr. Ramsey turned the folds of the peritoneum aside, and found everything fully developed, save an entire want of muscular tissue from the inferior part of the chest to the pubes, and from spine to spine of the ilium. There was no umbilical cord; but the umbilical artery and vein were inverted in a thickened portion of the peritoneum. [There seems to be something obscure in the last sentence. The author should have minutely described the child's connection with the placenta.—Ed. Med. and Surg. Rep.]

The child had a passage of meconium while the doctor was present, took food, and was apparently without pain, but died the next day, living about thirty hours.

The mother was healthy, having a family of eight children. The husband died of measles about four months before; and, during his sickness, the entire family, save herself, were helpless with the same disease. This tax upon her physical powers, the death of her husband, and the fact that they were among entire strangers (having just emigrated from Maine), was a source of mental anxiety which may possibly have had some connection with the condition of the child.

3. *An Interesting Obstetrical Case.*—Prof. Lange, of Heidelberg, communicates a very interesting case in the *Verhandlungen des Natur Historisch Medizinischen Vereins.* A primipara, aged 18 years. The membranes had ruptured; the os dilated to the size of a dollar. The position was recognized as a true *frontal* presentation, being exactly transitory between the parietal and face presentations. The pains becoming pretty strong, the head was forced through the inferior strait, and already began to press upon the perineum, without, however, having made the flexion antero-posteriorly, natural in all head presentations, by which the expulsion of the head through the pelvis is rendered more easy. At this point, the scene changed in the most remarkable manner, for suddenly, during a violent pain, the right hand of the child was pushed through the anus of the mother as far as the wrist. Fortunately, the effort made at once to reduce it through the rectum back, through the recto-vaginal fistula, that had been produced, into the vagina, was successful; and the next pain completed the expulsion of a stillborn child. After delivery of the placenta, an examination showed the posterior wall of the vagina to be ruptured about one-half an inch above the orifice, transversely; while a longitudinal fissure, with ragged edges, extended upwards about two inches, connecting with the transverse fissure. The perineum and sphincters were intact. The interrupted suture was at once applied. After four weeks, the fistula had entirely healed.—*Medicin. Neuigk.*

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4. *Cases of Early Catamenia.*—Dr. John T. Marable, of Memphis, Tenn., reports in the *Medical Recorder* of that city, four cases of early menstruation in negro girls, which came under his observation during the short space of three years. These girls were from seven to eleven years of age, when the menstrual discharge first commenced.

Either there was a singular coincidence in so many cases presenting themselves to Dr. Marable's observation, or this condition must be a very frequent one. The doctor suggests the inquiry, whether these cases are idiosyncrasies, or whether they arise from a recurrence to the original constitutional type of the race, early menstruation being a characteristic of the native African tribes. "If the latter," says Dr. M., "then a return to generic peculiarities, long obliterated by change of climate and habits, may possibly have some bearing on abstruse ethnological speculations." A good many observations would be necessary to establish such a question. We have no doubt that close observation would establish the fact, however, that early menstruation occurs much more frequently in both white and negro, than is generally supposed.

5. *Rupture of an Ovarian Cyst, and Absorption of the Fluid.*—An unmarried woman, æt. 29 years, suffered for one year and a half from an abdominal tumor, which developed itself slowly but steadily from the left, and gradually extended to the right iliac fossa, and gave to her an appearance as if she were in the ninth month of gestation. During this whole period, the menses regularly appeared every month, but only lasting for a day. Iron and nitre internally, and mercurial ointment and tincture of iodine externally, did not diminish the tumor. The abdomen appeared most protuberant in the umbilical region, where it fluctuated as in ascites. In the hypogastrium, under strong and deep pressure, a hard, round, movable body was found; collum uteri normal; hymen present. One day, the patient, while in her room, fell upon the abdomen, and fainted. Consciousness returning in a few moments, she complained of a faint, dull pain on the left side. The abdomen had lost its protuberance. On the contrary, it was flattened; even in the horizontal posture, somewhat concave; skin around the umbilicus withered and wrinkled. Laying on her back, the fluid contained in the abdominal cavity accumulates on both sides, fluctuates on the slightest touch, and follows the movements of the body. The tumor previously diagnosticated in the left hypogastrium could now easily be reached. It is larger than a child's head. Treatment: Rest, antispasmodics, firm bandage. In fourteen days, the absorption of the fluid was completely accomplished, and the abdominal swelling reduced to the hard tumor.—*Union Médicale—Medic. Neuigk.*

A similar case is related in the *Annales Médic. de la Flandre Occident.*

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6. *Case of Transfusion.*—This operation, says an English paper (*Western Lancet*), has been successfully performed by Mr. Wheatcroft, surgeon, of Cannock, on the person of a woman named Wood, residing there. Immediately after her accouchement fearful hemorrhage set in. She summoned her husband to her bedside, bade him farewell, and committed her children to his care, in the belief that she was dying. She then became pulseless and gasping, occasional breathing being the only indication of life. A vein was opened in her arm, and one in the arm of her husband, and as the blood flowed from the latter, it was transmitted by suitable apparatus into the veins of the wife. After seventeen ounces had been thus injected, the pulse became perceptible, the colorless lips reddened, the glassy eye brightened, and she thankfully said, "I am better." The case has progressed very favorably, and the woman is recovering. Death was here literally robbed of his victim.

MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VI.—*Philadelphia County Medical Society.*

Rheumatism.—Jan. 13th, 1858. Dr. Emerson in the chair. The subject for discussion was rheumatism, on which Dr. R. K. Smith read the following paper. In presenting the subject of acute rheumatism, for the consideration of the society, he did not propose views that have not already received the careful attention of many eminent medical philosophers. There are, however, notwithstanding the varied investigations of the causes, pathology, and treatment of this disease—few medical writers who agree upon either. This diversity of opinion, in regard to one of the most common affections, the physician is called upon to treat—a disease, too, which often involves the very citadel of life, and always entails upon the patient an amount of suffering and helplessness that enlists the warmest sympathy—demands a scrutiny so thorough and searching as to lead to greater harmony in regard to its pathology, and more uniformity in its treatment.

With a disposition to elect discussion upon some of the unsettled points to which I refer, the following interrogatories are proposed, touching the cause, pathology, and treatment of rheumatic fever.

1st. Is the primary cause of acute rheumatism a morbid poison in the blood, or, is it located in the nervous system?

2d. If in the blood, is it *urea*, or what other poisonous matter?

3d. How can pericarditis and endocarditis, as consequences of rheumatism, be explained upon the theory that it is a nervous disease?

4th. Are the consequences ultimately fatal?

5th. What tissues are invaded by rheumatic inflammation, and does it ever terminate in suppuration or gangrene?

6th. Do not the remedies found most serviceable in rheumatism, exercise more influence upon a blood poison than upon the nervous system?

7th. Is a strict antiphlogistic treatment proper in an ordinarily robust patient?

8th. What value is attached to the treatment with lemon-juice?

9th. What are the merits of the alkaline treatment?

10th. Of the calomel and opium treatment?

11th. How is the action of colchicum explained, and what is its value as a remedy in rheumatism?

12th. Are local applications beneficial, and, if so, what are to be used?

In suggesting these questions, it is proper for me to state the principles which govern me, in the treatment of rheumatism, and to briefly reply to my own questions.

In regard to the first query—the primary cause of acute rheumatism—I hold the doctrine that some morbific agent contained within the blood is the original cause of the disease. That it is this deterioration that constitutes what has been called the "rheumatic dyscrasia." That some pre-existing change in assimilation and excretion renders the system susceptible to the exciting causes of rheumatism; poisonous matter of a peculiar nature is deposited within the blood, and the disease is developed. The evidences adduced, are the absolute changes known to exist; the excess of fibrin, and the alteration in its chemical composition.

To the second question, I answer: Urea is found in the blood of patients laboring under acute rheumatism, and that certain agencies employed for the relief of the disease, eliminate it from the blood by increasing it in the urine. I, however, do not contend for the point that *urea* is the *only* poisonous matter in the blood, that generates arthritic diseases.

The third question, I leave to gentlemen who believe in the nervous origin of rheumatism, to answer. Upon such a theory, I can understand no explanation of the causes of pericarditis and endocarditis, compatible with reason and physiology. Such men as Fothergill, Willan, Morton, McIntosh, and Haygarth, have failed to show the connection, and I shall not attempt it, especially as I do not believe the doctrine.

In reply to question fourth, I believe that pericarditis and endocarditis eventually terminate in death. Not that an attack may not be relieved, in fact, *supposed* to be cured but that certain structural alterations of the heart occur, which are never entirely removed, and will ultimately terminate life.

The tissues involved in the inflammation of rheumatism, are the fibrous and fibro-serous, and whenever other tissues are invaded, it is in consequence of their near contiguity to the original disease. This disease, I believe, when unattended by any complication, never terminates in suppuration or gangrene.

6th. In regard to the "*modus operandi*" of the remedies which relieve in rheumatism: this involves the question as to which theory is correct; whether it is a disease of the nervous system, or of the blood. Adopting the latter view, I can conceive the action of certain substances upon the fluids of the system, so as to eliminate or neutralize certain

other elements; and I leave to the members the application of their own experience in explanation of the method by which cures are effected through the interposition of the agents they employ.

7th. That the antiphlogistic treatment of rheumatism, followed out in its most rigid sense, has been successful, I know, but that it is the proper course to pursue, in treating this inflammation, I deny. The inflammation and fever which attend rheumatism differ widely from ordinary inflammation; they have more a character of irritation, and present various phenomena unknown in any other inflammatory fever. The state of the skin is one of these peculiarities, and would suggest to every thoughtful man, the propriety of withholding every means that would stimulate the perspiratory organs to further action. Bleeding is unquestionably an important remedy in many cases, and its utility does not oppose the theory that a blood poison produces the disease.

8th. The use of *lemon-juice*, in acute rheumatism, according to Dr. Babbington, has been eminently successful. Indeed, I may say that, in his hands, its curative effects were astonishing. It will, no doubt, surprise most physicians, to be told that, in a large number of cases treated in this way, the disease was thoroughly cured in from *three* to *eight days*, and without the employment of any other means, whatever, except an occasional dose of the comp. pulv. rhei, when the bowels required it. The doses directed by Dr. B. were from three to six ounces, three times a day, without admixture of any kind. The reason that others have not been so successful with this remedy, he tells us, is because they do not administer it in sufficiently large doses. Dr. Dalrymple unites, also, in ascribing to the lemon-juice extraordinary curative powers, which, if true, there is a value in the remedy which should not be overlooked. How it acts has not been explained, but why it should not possess a power to eliminate the poisonous matter from the blood, equal to other remedies, or even in a superior degree, I cannot understand. My own experience in the use of lemon-juice in rheumatism is limited, and, in these large doses, I have had none.

Its efficacy in my hands did not meet my expectations, but this may have been in consequence of the smallness of the dose.

9th. The use of *alkalies*, for the cure of rheumatism, is just now the popular treatment; whether they deserve the first place among the remedies is for experience to determine. They are used chiefly in the form liq. potass. and potass. bicarb., with a solution of the latter in the proportion of ℥j to aqua Oj, as a local application. The question will, no doubt, give us the benefit of our fellow-members' experience. In eliminating or neutralizing the poison, upon which the inflammatory action depends, there appears to be no incompatibility in the harmonious action

of such opposite remedies as lemon-juice and liq. potassæ, unless this action be fully explained to be so.

10th. Calomel and opium in rheumatism is a hackneyed treatment which we have all practised with varied success. The patients have recovered, and we have not pushed the remedies so far as to do them injury. At best, the merits of this course appear to be negative.

11th. Colchicum has been one of my favorite remedies in this disease, but I am free to say that it has frequently disappointed me in the effect anticipated, and never produced the results in my hands which have been attributed to the alkalies and lemon-juice. From some experiments published by Dr. Maclagan, of Edinburgh, the physiological action of colchicum in diminishing urea from the blood, and passing it off by the urine has been conclusively settled. Whether its beneficial effects are produced by such action is yet uncertain.

12th. In regard to local applications in acute rheumatism, my dependence is solely upon leeches and ice, or iced water; the ice or iced water I consider invaluable, and have used it in very many cases, and *never* without the most decided benefit, both as regards the comfort of the patient and the curtailment of the disease. I have repeatedly pursued the inflammation from joint to joint, and from one side of the body to the other in its fugitive course, and for the first time have to see a case of metastasis to the heart, where they have been used. I do not believe this result can be brought about by such treatment, *i. e.* that it is productive of it. It may occur under the treatment, but, as I have seen it repeatedly where this remedy had not been resorted to, it would be strange, indeed, if rheumatism should never metastate where cold applications were used. There is in my judgment unnecessary alarm manifested in regard to the danger of the remedy.

Dr. Remington believed all the tissues were affected by it. He believes that he had seen it in the brain, stomach, and bowels. He had seen a serious case of rheumatism of the bowels some years ago, which recovered after a long indisposition extending over three months. The case, eight or ten years afterwards, died under quack treatment very suddenly, and with every appearance of a metastasis to the heart, under the use of cold sheets and packing. He also mentioned the case of a girl 12 or 14 years old, who took a bath and then studied her lesson under an open window. He used vin. colch. rad. combined with an anodyne, as morph. sulph., aq. camph., and spt. æth. nit., perhaps the iodide of potassium, or the nitrate, if fever presented. The case recovered rapidly. Along with this he gave a pill of comp. ext. colocynth, acet. ext. colchicum and calomel. After five or six visits she was restored. Nitrate of potassa was very efficacious. Tartrate of antimony,

especially in the articular form, he did not like. Lemon-juice he did not rate very high. If there was gout with it, this would certainly do a great deal of mischief. Bleeding was of use sometimes; cupping very advantageous. *Ice* was *never beneficial.* We often see it affecting the heart, and often proves fatal in these cases, hence we should prefer to have it externally rather than internally. In general, physicians, especially the juniors, are too apt to think they do everything and nature nothing. Now he thought the reverse; the *vis medicatrix naturæ* should not be overlooked.

Dr. BELL thought the lecturer was rather brief. A very important thing is to impress on the public mind the risk of its becoming rheumatism of the heart of a grave kind. This is not so fatal as is thought. The sero-fibrous and muscular, were the tissues affected. Shall it be regarded as a blood disease or not? Every disease was to a certain extent a disease of the blood. If we prevent the skin from acting, as where animals have been sealed up as it were, in various experiments, we produce a disease of the blood. The common treatment of venesection is very valuable and important, especially if the heart is attacked. A fact interesting to know, is the proportion of cases of rheumatic inflammation of the articulations to those of the heart. In 136 cases of rheumatism, the heart was affected in 90, as one writer tells us. Dr. B. was better pleased with bloodletting in endocarditis and pericarditis than in other cases. He had treated a case in a young man for another physician with partial relief, when he had a return of it in the heart. He then bled *frequently*, and observed as a result, in a subject who was liable to repeated attacks previously, an entire immunity for years after. In more doubtful cases in which stimulants had been used freely, he should not hesitate to bleed, and had in such seen good effects as before, and a freedom from attacks afterwards. The *cure* of the attack occupies us too much to the exclusion of *prevention.* Sometimes he began by a more moderate course, as with colchicum and alkalies, antimony and opium, with relief and an apparent removal of the disease; but it returned: then he had recourse to depletion, as cups or leeches, and not always from the arm in a broken constitution, as from intemperance, &c.

This is not called for in subacute cases, and especially of pericarditis; we may then treat by opium and calomel, and it yields rapidly. In the chronic form with carditis, we have the best effects from iodine, as iodide of potassium, never in full doses, 5 grs. twice a day, with syr. sarsap. comp., or syr. of wild cherry. A far more troublesome form is the subacute, where it seems to get well, patient going about, and has a return of the disease, again laid up with excessive pain night after night.

Opium fails to give relief, depletion does not do from the condition of the patient, he then becomes hopeless of relief and quackery is invoked. Here the skin pours out an acrid sweat. In such cases (though it may seem homœopathic) diaphoretics are of service, but though like to like, yet being in sensible doses it cannot be termed that practice; pulv. ipecac. et opii, or opium with tartar emetic, and the vapor bath comes in with good effect. With a febrile condition, a shower bath, and even cold locally are beneficial. This is best in the acute form of the disease, and not when the skin has lost its power, and we have general weakness. He could say little in regard to the use of a particular remedy. He never used persistently one remedy, but varied them according to circumstances; colchicum, bleeding, purgatives, or opium. He had used lemon juice and watched closely its effects, but failed to derive such benefit as has been remarked by others.

Dr. SMITH said, in regard to his paper, that he had no opportunity to make it more elaborate, having been very busy. His object was to present only prominent *points* on the subject, so as to elicit discussion. It especially relates to acute rheumatism, accompanied with high fever; the inflammatory form.

Dr. TURNBULL asked Dr. S. to inform him what treatment he would make use of in a child taken with a chill, vomiting, fever, pulse 120, respiration oppressed, pain in the cardiac region, roughness of the sounds of the heart, and a murmur above the nipple? What course he would pursue if not using depletion and calomel? He had seen pericarditis and endocarditis relieved, and the patient to live some time after. High European authority was in favor of a cure of these affections, and with this treatment. These diseases are on the increase, and he would be sorry to think them utterly incurable. He had seen a case of disease of the heart, developed by influenza, and had seen it subdued by calomel, and subsequently iodide of potassium, in 5 grain doses, and now, three years after, she was entirely well.

Dr. SMITH thought he was misunderstood; he did not mean to propagate the opinion that pericarditis and endocarditis could not be relieved; they could be relieved, and were supposed to be cured; but when there was inflammation of the pericardium, or of the serous membrane lining the heart, he never saw a patient so radically cured that the patient would not die eventually from heart disease, unless cut off accidentally. Cases of heart disease, dying suddenly, &c., when traced back, would be found to have had rheumatism united with an affection of the heart. Not one in ten, that had fallen from heart disease, but had pericarditis or endocarditis, and had been living on in apparent health. In regard to the case of Dr. Turnbull, he would pursue this course:

leeches over the heart, and meet symptoms in a rational way, as they presented.

Dr. BELL remarked that such cases were carried for years, and hence they should be treated to prevent extensive disease of the valves, which was a common result of neglected endocarditis, but not at all, if treated in a proper manner.

Dr. H. HARTSHORNE believed they were sometimes cured, living at least for many years without any sign of disease. We must not forget, however, the number of fatal cases of heart disease which are not inflammatory in their origin. The local stiffening of the muscles, alluded to by Dr. Bell, and so common as an effect of partial exposure to the cold, he would class under simple inflammation, making a different disease of true articular rheumatism, or rheumatic fever. Many families never have genuine rheumatic fever, or acute articular rheumatism. Whether urea is the poison is very doubtful. When we can trace the effects of urea, retained in the blood, we do not have symptoms of articular rheumatism. The suggestion that it may be lactic acid, in excess, is more free from positive objection, but we know very little of the effects of lactic acid in the blood. Care is certainly needed in the use of cold water to the surface in rheumatism. Dr. H. believed it to be more hazardous when the fever is high than when subdued and more local, as then the poison may be supposed to have been in part eliminated, and the danger of metastasis less. Even the repulsion of the blood from the surface may be, in ordinary cases, a cause of internal inflammation.

Dr. SMITH said that Dr. Maclagan, in his experiments, found urea in the blood, and then, under the effect of medicine, it left the blood, and was found in the urine. These facts seemed very conclusive to this point. He would ask the gentleman to explain how cold does repel the blood, &c., and produce metastasis. Experience does not prove it in acute rheumatism. He would like the *modus operandi* of the process, something more than mere prejudice against the remedy.

Dr. HARTSHORNE. Finding urea in the blood does not prove it the cause of rheumatism. Eminent physicians have observed the same thing in other diseases, as typhoid fever. The explanation of metastasis appeared to him very simple, if we take for granted that rheumatism is a disease of the blood. Whatever repels the blood from the surface tends to promote the deposit of morbid material in interior organs. When we pursue the disease from "joint to joint," this is a metastasis occurring under our eyes.

Dr. EMERSON (having called Dr. REMINGTON, Vice-President, to the chair). Rheumatism depends on different causes. The cold applications he considered, from his own experience, as fraught with danger.

He should never forget one case, a stout man, with violent rheumatism of the lower limbs, and especially of the knee-joint. He was under treatment some weeks, and much improved, when Dr. E. had to leave the city, and made arrangements to send a friend, if necessary. The friends of the patient persuaded him to send for a hydropath, who subjected him to packing. The chest became painfully affected, and grew worse with every additional packing; still the hydropath stupidly persevered, and when Dr. E. returned, the wife had just interfered. He found him very bad, so that the least motion, or long breath, caused him to cry out. He was in a very critical condition. Dr. E. restored the disease to its former locality, by warm applications over the joint and lower limbs, and by the pulv. Doveri, and warm draughts, the pain left the heart and chest. In this case, there was every reason to believe that it left a locality where it was not dangerous for a vital position. He wished to call the attention of the members to a remedy which, in one case, produced a sudden and agreeable result: croton oil to the spine and back. It was in the case of a young man, 19 years of age, with rheumatism in an aggravated form. The oil was applied freely, and getting on the shirt, spread over the back, and produced a most awful condition, and loud complaints from the patient. He got well, and that faster than any case Dr. E. had ever seen. He frequently applied it, and with very beneficial results. In regard to attacks of rheumatism in the heart, he knew no treatment so effectual as nitre f℥ij, tartar emetic gr. j, calomel gr. j, and opium gr. j, divided into 12 powders, one taken three times a day. In corpulent women, as cooks, we have often complaints of pains at the heart and chest, which are traceable to rheumatic attacks; this treatment, sometimes alternated with, or succeeded by, potassii iodidi, was eminently successful.

Dr. NEBINGER thought he had seen two cases, in which by cold, metastasis was produced from the part affected to the heart. One was a young lady who was out in the evening to a party; shortly after she returned she was seized with violent pain in the ankle. Her mother, attributing it to a sprain produced by dancing, poured cold water over it. This produced speedy relief, but immediately after she was seized with violent pain in the chest, oppressed breathing, &c. On being sent for, Dr. N. found, on examination, no reason for a belief in its being a sprain and diagnosticated rheumatism which had undergone a metastasis to the heart. He put the foot in hot water, and after mustard plasters, &c., it returned to its first locality and showed a case of acute rheumatism, by which several joints became affected. Here it was clear, cold water was detrimental. Another case was that of a man who had several times inflammatory rheumatism. On one occasion, after having suffered

for several days, by the advice of a friend, he applied ice water and salt to the part. Although he experienced immediate relief in the part, yet violent pains set in in the cardiac region. He was bled freely, and before the bleeding was finished, the pain was subdued. Sinapisms and other stimulants were applied to the joint, and after the disease was reproduced there he was cured by the usual means. Having a predisposition to travel, is it good treatment to encourage it to do so by cold water? Some cases require very little, and others an immense amount of treatment. Of all remedies the "*hackneyed* remedy" is the best, and hence he did not like this appellation. He did not like to hear good things called by bad names. Would we apply it to quinine, because so much used in autumnal diseases? Good remedies are solution of nitrate of potassa, colchicum, tartar emetic and opium. In the first severe case he ever saw of articular rheumatism, Dr. N. used cotton to the parts, and nitrate of potassa, tartar emetic and opium; it went on with little or no improvement for several weeks, and he changed the remedies; he at that time feared the use of mercury, feared the production of salivation; by and by, the case not improving, he determined to run all risks and used blue pill, with nitrate of potassa and opium, and in a little time it was cured. He reasoned thus: we have a patient sick a long time, several weeks suffering a great deal, and when grown quite dissatisfied with the treatment, and hope begins to quit us, we have recourse to this Sampson. Why delay? Why make use of the little Davids? Why not call upon Sampson at once? Since the time referred to, he had used mercury in every case of any severity without delay. He emptied the bowels, used the lancet if necessary, and then proceeded as follows: ℞. Potassæ nitratis gr. x; Mass. pil. hydrarg. gr. j-jss; Ant. et. pot. tart. gr. $\frac{1}{12}$; M. Give one every 2 hours. Under this he had seen cases get well in ten or twelve days, when under other treatment they would have lasted weeks. He applied cotton to the joints. This was seemingly applying heat to a part already too hot. There is a certain amount of insensible perspiration going on, which collects between the cotton and the part to which it is applied, and this collecting it, acts as a local vapor bath; benefit was thus produced, and this, also, was an argument against the use of cold to the part.

Dr. Bell thought the difference in the reports of the experience of the gentlemen may result from the different stages, constitutions, &c. It is a vulgar error that the application of cold drives the blood into the internal organs. The heart responds to the application of cold to the surface, and we have a synchronous depression of its action.

Dr. Hartshorne would still have to remain in the *vulgar opinion* in common with all other physiologists except Dr. Bell. He could not

consider the application of cold to the part a safe treatment in acute rheumatism.

Dr. SMITH thought Dr. H. would make the application of cold drive a little *more* poison to the heart. Now Dr. S. contended if there was any poison in the blood it was already in the heart, and that organ was as likely to take on the diseased action from the presence of an ounce as of a gallon of diseased blood. His theory was, that it was not the *amount* of poison that produced the effect. Dr. H. makes a certain amount of poison necessary to derange the organ, if his theory was correct. In regard to the term *hackneyed*, to which so much objection had been taken by Dr. Nebinger, he would say, that he meant to apply to the medicines calomel and opium no opprobrious epithet. On the contrary, there were no articles in the whole Materia Medica he more commonly used in general practice. He simply meant to speak of those remedies as being in almost universal use, and in the hands of the whole profession.

On motion, the society adjourned.

ART. VII.—*Bellevue Hospital, New York.*

Two Cases of Softening of the Brain, with Complications.—Service of Dr. Clark. R. C. McEwen, M. D., House Physician. Reported by Samuel R. Forman, M. D., Sen. Ass't.

CASE I.—J. M., aged 37, a native of Ireland. By occupation a liquor seller. Admitted September 21. The patient is of medium size and development, with a rather dark complexion, and black hair. He is a little emaciated, cheeks sunken, and countenance wearing a stolid expression.

No hereditary tendencies traceable. Though intemperate in his habits from his youth, he has always enjoyed good health.

Throughout the past summer, he has occasionally complained of pain in the precordial region, and soreness across the lower part of his chest, unattended by any cough; was sometimes troubled with vomiting; was wakeful; grew so nervous that he had to give up his business; noticed that he was gradually losing the use of his left leg. His hearing and sight, especially in the organs on the left side, were impaired by degrees; at some periods more markedly than at others. A few weeks before entrance, he was seized with severe pains in his left hip, extending down the thigh to the knee; soon after, his speech began to be less distinct. He has not felt any numbness in his limbs, not suffered from headache, nor had any convulsive movements. His mental faculties have become slightly impaired, manifested chiefly by unusual impatience.

Oct. 8. Since his admission, he has lost the use of his left lower extremity, which has become spasmodically half-flexed, and strongly adducted; its extension causes great pain. No other part of his body is similarly affected. His tongue, on protrusion, points to the left. Left pupil sometimes dilated. Has some difficulty in swallowing; no appetite. Bowels, costive. Urine passed freely.

Attached to each scapula, on its posterior border, is a small, hard, oval tumor, about as large as a pigeon's egg. A similar one (movable) may be felt in the left hypochondriac region.

10*th*. General aspect worse. Has talked much, but indistinctly and incoherently. No appetite; takes but little nourishment. Tongue, dry, and brown in middle. Passes urine and feces unconsciously. Respiration more frequent.

12*th*. Pulse, respiration, and general condition, seemingly improved.

13*th*. Much worse. Pulse, 160. Restless on being roused. Left leg has lost its flexion, but is still strongly adducted. Respiration very frequent. Patient sinking rapidly. Died 1½ A. M.

14*th*. Autopsy, thirty-eight hours after death.

On removing the calvaria, several fungoid tumors of the dura mater were observed, six of them penetrating the cranium, and forming dark, circular, bloody looking elevations immediately under the scalp, the absorption of the inner table being more extensive than of the outer. The largest of these tumors was one and one-half inch in diameter, and elevated about half an inch. There were none situated at the base of the skull, and none penetrated the arachnoid covering of the dura mater. On removing the brain, about ℥iss of serum escaped. Whitish lines—the marks of arachnitis—were observed on the convexity.

On section, the tissues outside the posterior horn of the right lateral ventricle, including the walls below, were found decidedly softened, but not diffluent. There was a yellowish tint to all the right corpus striatum, and, at the anterior point, the softening was marked; still, not diffluent. Optic thalamus, of normal consistence. No fluid in the ventricles. Fornix almost disorganized; its body, nearly to the posterior pillars, very much softened. Color changed from a white to a grayish-yellow; on trying to raise it, it formed a pulpy mass. Both crura cerebri were considerably softened. Many highly vascular dark colored tumors were found in various places, on the ribs, sternum, and scapulæ—in some places destroying the proper tissue of the bones, and making them movable as on a joint. Some of these were firm, and of uniform consistence; others were cysts, containing a reddish-brown, semifluid mass. Microscopical examination showed that both these and those of the dura

mater were composed of spherical cancer-cells, those of the dura mater being one-fourth larger than those in the other tumors.

Case II.—G. B., aged 26, married, native of Germany. Occupation, laborer. Admitted October 10, 1857. Patient is a rather spare, but well formed young man, of fair complexion and brown hair. Though somewhat thin, he does not seem markedly emaciated. Is regular and temperate in his habits. Hereditary tendencies unknown. Has never been sick till five years ago, when he had rheumatism. Has no marks of syphilis, and has never received any injury. He has been able to work till two months ago; about that time he began to suffer from headache in his left temple. He seemed troubled in his mind, and was irritable, frequently passionate. At times during the last six weeks, he talked strangely to himself, especially in the afternoon. In the evening, he usually slept from six to twelve; after that he would lie awake. In the morning, he generally felt so much better that he would speak of resuming his work, but, by noon, the pain in his head would return, and he become dizzy; this recurred daily, he growing worse. His sight and hearing at times failed him, and his speech became indistinct. For the past three weeks he has shown a weakness in his right side, the arm being cold, and affected with jerkings; the leg did not seem changed from its normal condition or powers. No contraction of any of the muscles of the face has been remarked; he has been much annoyed by itching of his nose. During this period, he has vomited a great deal of bilious matter. For the last two weeks he has not been able to sit up; has not made known his wants, or complained of any pain whatever, except his headache. During the last week, he has not spoken at all; has been insensible most of the time lately, passing his urine and feces involuntarily.

Oct. 10. He was brought in in a comatose condition. Pulse slow. Respiration slow, and abdominal. Eyes glaring, and insensible to external impressions. Both sides paralyzed; right more completely than the left.

12*th*. At the morning visit, patient was roused from the stupor, which has been constant since his entrance, but could not talk, or put out his tongue. On being asked if he had any pain, shook his head affirmatively, and when told to put his hand where he felt it, raised the left one to his head, but indicated neither side. His eyes, especially the right, are dull, suffused, and not very sensitive to light. Pulse fuller and stronger. There is no paralysis on left side, this morning. He takes some nourishment, but does not swallow promptly, sometimes keeping food in his cheek. His bowels not having been moved in several days, an injection

was given, which brought away a little white, slimy matter. At evening visit, he was again comatose, but had spoken once distinctly. He was lying on his right side, and rolling about, his legs drawn up, and head thrown back. There was some movement in the paralyzed arm.

15*th*. Patient has lain comatose. Respiration has gradually risen to 28, and pulse to 156, weak. Pupils contracted; left side now also paralyzed. Passes his urine and feces involuntarily. Can eat nothing. On giving him milk, he makes no attempt to swallow it, but, on its being drawn into the trachea, coughs; sank slowly, and died about 9 P. M.

Autopsy, forty hours after death. Vessels of the dura mater very much congested; pia mater also loaded with blood. Unusual flattening of the convolutions, especially on the left side. About ℥iss of serum at the base of the brain; arachnoid at the base of pearly whiteness. Pressure on the parietal region of the left side produces an obscure feel of deep fluctuation. Dura mater at the great fissure unusually adherent to the membranes beneath. Consistence of the right side down to the roof of the lateral ventricle, normal. Lateral ventricle laid open; ℥ij of serous effusion. Corpus striatum of the left side carried over into this ventricle, pushing the septum lucidum before it. Left side, upper portion, also of normal consistence. Corpus callosum arched up, and fluctuating. Lateral ventricle, no fluid. Floor much softened, and in part elevated. Corpus striatum lifted up, and crowded back, and to the left. Optic thalamus stretched out over the upper wall of a sac beneath. On cutting through this, a cyst was found, which, by pressing up the floor of the ventricle, filled its middle and posterior part. The brain matter is quite distinct from the cyst, yet so firmly adherent in some parts, that, in attempting roughly to separate it, the cyst was ruptured, and about ℥j of yellow, transparent, serous fluid escaped. The cyst measured about two inches by one and one-half; its longer diameter was nearly at right angles to the longitudinal fissure of the brain; it contained, before rupture, about ℥ij of fluid. All the substance of the brain in contact with the cyst, was much softened, the consistence gradually increasing, in cutting outward, for about a quarter of an inch. No parasites were found in the cyst on microscopical examination.

Remarks.—A point worthy of note, in the first case, is the relation between the parts affected by the softening, and motion, and sensation, tending to confirm the opinion held by some pathologists, that the corpus striatum is the mere passive agent of the will, residing in the gray matter, while the optic thalamus presides over sensation; since, while the former was found to be somewhat softened, and the latter not at all, there was paralysis of motion, but sensation was nearly normal. This case also adds another to the cases collected by Andral where lesion of

the corpus striatum was followed by paralysis of the leg only, showing that the old opinion that the superior extremities only were affected by this lesion, and the inferior only by that of the optic thalamus, was incorrect.

The reported alternations of improvement and relapse, and of lateral convulsive movements, in the second case, led to the incorrect opinion that there existed a vascular tumor, which, by congestion, caused the exacerbations of his symptoms. This case also illustrates both the points noted above, the optic thalamus being more diseased than the corpus striatum, while sensation was nearly lost, and the paralysis of the arm more complete than of the leg. They both also tend to show that when any great disproportion exists between the mind, on the one hand, and sensation and motion on the other, the disproportion is against the mind. The reflex influence was not destroyed in either case, as the first would swallow liquids that trickled into the fauces, and the second coughed on getting food into his larynx. No vigorous treatment was used in either patient; a mere tonic sustaining course.

BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*Christianity in the Kitchen.* A Physiological Cook Book. By Mrs. HORACE MANN. Boston: Ticknor & Fields, 1857.

OF all the places in the world (we had liked to have said "above ground," but which kitchens are not generally) we think few places are more in need of the influences of Christianity than those which it is the design of this book to enlighten. Its object is to show how healthful, nutritious, and even luscious, food can be prepared, without the admixture of injurious ingredients. There is, perhaps, no more prolific cause of bad health than abuse of diet—not merely by excessive drinking of injurious beverages, but by excessive eating, and by eating unhealthful food.

To notice a publication on such a subject, in a professional journal, may be regarded as "*infra dig.*" by some, and so it would be, were the book one of the common *hashes* that are so frequently met with, with no other principle at bottom than the money that may be made from them. But here is one, which is truly what its title purports—an effort to introduce sound physiological principles into the kitchen, and we have no question, from our knowledge of the intelligence and honesty of its authorship, that it may be fully depended upon.

ART. IX.—*The Parish Will Case, before the Surrogate of the City of New York.* Medical Opinions upon the Mental Competency of Mr. PARISH. By John Watson, M. D., D. T. Brown, M. D., M. H. Ranney, M. D., Pliny Earle, M. D., Luther V. Bell, M. D., I. Ray, M. D., and Sir Henry Holland, Bart., M. D., F. R. S. Pp. 573. New York: 1857.

WHILE witnessing this case, dragging its slow length through the courts and newspapers, it did not occur to us that it was going to yield as much as this book contains, that would be of interest to the profession. The work is compiled by Dr. Watson, from the testimony given in the case, by the eminent men whose names appear in the title.

The interest of the case, to the medical profession, turns briefly upon

the following facts. Mr. Henry Parish, a retired merchant, died in New York, on the 2d of March, 1856, in the 69th year of his age, leaving a large estate, a widow to whom he had been married about 25 years, but no children.

On the 20th of Sept., 1842, preparatory to a European tour, which he was then about to undertake, for recreation, and the benefit of his health, and while yet in the enjoyment of his intellectual faculties, Mr. Parish made his will; and subsequent to an attack of apoplexy, accompanied with paralysis of the right half of his body and limbs, he, with the assistance of other persons, put his mark to three codicils, materially altering the said will. The validity of these codicils is contested. Our readers will readily perceive that the work before us, containing, as it does, the testimony of so many experts in mental diseases, and the effect of certain pathological conditions of the brain on the mind, must contain much that will interest the medical man. Our thanks are due to Dr. Watson for the copy he has sent us. We presume that the work may be obtained from the bookstores, or through Dr. Watson.

ART. X.—*Books and Pamphlets received.*

1. *Urethro-Vaginal and Vesico-Vaginal Fistules:* Remarks upon their peculiarities and complications; their classification and treatment; modifications of the button suture; and report of cases successfully treated. By N. Bozeman, M. D., of Montgomery, Ala. Pp. 59. Montgomery: 1857. (From the author.)

2. New York Academy of Medicine, Oct. 7th, 1857. *Discussion on Puerperal Fever.* Remarks by B. F. Barker, M. D., Prof. of Obstetrics, &c., in the N. Y. Medical College. Pp. 23. (From the author.)

3. *The Rights of Authors.* Advance sheets from a forthcoming work on the Institutes of Medicine, by Prof. Martyn Paine, M. D., of New York. (From the author.)

4. *Twenty-first Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane.* August, 1857. Brattleboro, Vt. (From Dr. W. H. Rockwell, Sup't and Physician.)

5. *Nineteenth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum,* to the Governor, for the year 1857. Columbus, Ohio: 1858. (From Dr. R. Hills, Sup't.)

6. "*Truth leads to Success.*" An Address delivered before the Graduating Class, at the Dartmouth Medical College, at Hanover, N. H., Nov. 11th, 1857. By Geo. H. Hubbard, M. D., Editor of the *New*

Hampshire Journal of Medicine. Manchester, N. H., 1857. (From the author.)

7. *Introductory Lecture,* delivered by D. Warren Brickell, M. D., Prof. of Obstetrics, in the N. O. School of Medicine, Nov. 3, 1857. Published by request of the Class. New Orleans, 1857. (From the author.)

8. *Introductory Address,* delivered before the Class of the Medical Department of Iowa University, at the opening of the course of Lectures for 1857–58. By A. S. Hudson, M. D., Prof. of Theory and Practice of Medicine. Keokuk, Iowa. (From the author.)

9. *Announcement of Lectures in the Atlanta (Gaz.) Medical College, for* 1858.

10. *Barclay's Manual of Medical Diagnosis.* Pp. 423. Philadelphia: Blanchard and Lea. (From the publishers.)

11. *Miller's Principles and Practice of Obstetrics.* Pp. 624. Philadelphia: Blanchard and Lea. (From the publishers)

ART. XI.—The January and February numbers of *Godey's Lady's Book* are on our table. There is no publication in the United States that gives more evidence of energy and enterprise. Its illustrations are exquisite. Our readers, who have families, should take the work of course, and those who have not, would find it a powerful engine *under certain circumstances.* Try it.

EDITORIAL.

OUR JANUARY NUMBER.

We are happy to say that our January number has been received by our subscribers with almost unbounded favor and satisfaction. There is only one thing which seems to give rise to a diversity of opinion, and that is the Ethnological discussion. We might quote from letters from subscribers in all sections of the country who are interested in this subject, and we could offset these quotations with others who are very desirous to see the last of it. Our own judgment is that the subject is important, and ought to be, *and will be* discussed, whether in our pages or elsewhere. But it is occupying entirely too much space in our journal. Some of the articles are entirely disproportionate in length to the size of the Reporter, or to the *general* interest that is felt in the discussion. It must not be forgotten, that since the subject was opened in our columns, we have added twenty-eight extra pages to different numbers, which may be put to the account of the discussion. We shall see to it that this subject shall not encroach on our pages to the exclusion of more than our usual variety of matter.

We would add that we are making arrangements that will enable us to give our readers an early *résumé* of the contents of some of the best English, German, and French journals. In the meantime we are gratified at the evident appreciation with which the efforts we are making under very disadvantageous circumstances to improve the Reporter, have been received. Let our readers remember that the trying times we are passing through have caused the suspension of journals backed by a heavier capital than it is in our power to command, out of our regular subscription list. As business revives, we shall look for still larger additions to our subscription list than we have yet had.

THE STATUS OF THE PROFESSION.

In our last, we briefly adverted to what we assumed to be a fact, viz: that the medical profession has, in some degree, lost its

hold on the respect and confidence of the public, and endeavored to support our views by a comparison of the standing of the profession of our day with that of the past.

Let us now very briefly glance at some of the causes of this state of things:—

1. *Education.*—Deficient preliminary education lies at the foundation of an inconceivable amount of evil to our profession. Too many young men are admitted into the offices of physicians, as students, who are almost entirely guiltless of even the first rudiments of an English education; whereas they should be well grounded, not only in the rudiments of an English education, but in all the departments of English literature. They should have at least some acquaintance with Latin and Greek, French and German. They ought, in fact, to have a thorough collegiate education. In the absence of this, there should at least be required, on the part of the preceptor, some evidence of a taste for study, particularly for those branches of study closely allied to medicine. A student with these preliminaries will hardly fail to command any amount of respect as a physician when he enters the profession, provided he respects himself.

Having entered the office of his preceptor, the latter should take an interest in guiding his studies, and the student should, as soon as possible, have the advantage of attending a preparatory medical school, or at least lectures in the college, on anatomy, chemistry, and materia medica. Botany and practical pharmacy should also constitute part of his earlier studies. Having begun his studies by attendance on a demonstrative course of lectures, the student should pursue a systematic course of study on the *principles* of the science of medicine, undergoing daily examinations at the hands of his preceptor. Clinical instruction should form an important part of his education, and he should be examined upon the cases presented to his observation. With these requirements at the hands of his preceptor, there is no fear but the student will complete his education in the college that will afford him the best facilities, and he will graduate with the honors of his school. We, therefore, for the sake of brevity, throw the schools out of this discussion. But how few there are who enter the profession with scarcely a tithe of the qualifications delineated above, it is needless for us to remind our readers. Raw, uneducated

young men are crowding into the profession every year, with the smallest modicum of attainment in any department of knowledge. They are ground through our colleges, whose published rules require certain attainments, and a course of three years of study, in defiance of any claim for honors whatever on the score of their mental acquirements, or the length of time they have devoted to study. Every physician can cite cases within his own knowledge of gross departure from published rules, in these respects, on the part of our medical schools. We could give the particulars of several cases of the kind, involving more than one medical college, without going out of our own neighborhood.

Can we wonder that medical men do not command the respect of the public, when medical honors can be purchased at so cheap a rate?

2. *Inadequate Remuneration.*—We shall say but little on this point. It must be conceded that our profession, in all its departments of labor, is but poorly remunerated. It is so overstocked, and there are so many in it of low and grovelling ideas, that a kind of competition is engendered, that keeps fees at so low a mark that the physician is but poorly paid. In this connection, we must enter our protest against so much work being done by the profession in our hospitals and dispensaries for nothing. Not one of these institutions can get a word of legal advice without paying for it at the highest rates. In consideration, we suppose, of their fees, gentlemen of the legal profession are treated with some sort of decency, while these corporations, which generally owe their very existence to medical men, hesitate not to heap the greatest indignities upon a profession which is all too eager to serve them for the honor of the thing. The same may be said of the public generally. The family of many a man is attended, year in and year out, by his physician, gratuitously, who would not enter a lawyer's office for a piece of advice involving fifty dollars' worth of property without five dollars in his pocket.

Is it to be wondered at that a profession that holds its services at so cheap a rate is not respected by the public?

3. *Quackish tendencies in members of the Profession whose standing is unquestioned.*—Although we have a national code of ethics, by which we profess to be guided, it is notorious that there are men, whose standing in the profession is unquestioned, who form

a continuous link between it and the lowest forms of charlatanry. Of this fact, we have, during the past year, had a most humiliating example, in one who holds high office in our National Medical Association. A man who, whatever his talents may have been, never commanded the respect, or stood on equal ground with the profession of the city where he practised, throws off all restraint, and sells himself to the most bare-faced quackery, and yet, when an opportunity offers to obtain a fat office in a large and important public charity, which promises better pay than his quackery, he can find a Vice-President of our National Association who will recommend him for the office, and then defend his course in the columns of a medical journal, of which he is editor, with a pertinacity that seems to have befogged two respectable western medical journals. "A repentant sinner," indeed! Pray, how many notorious sinners would repent, and fill our churches, at three or five thousand dollars per annum? A good missionary our vice-president would make, though he would require a mint of money to back him, while the permanent good accomplished would be of little or no account. Here, then, is an undoubted connecting link between our highest medical organization and the lowest depths of quackery. But it may be well that the case has occurred, and attracted the attention of the profession to so important a subject.

Can we wonder that a profession so closely allied with quackery is so often placed by the public in the same category?

Before our profession will receive that respect which it ought to deserve and then expect at the hands of the public, these evils must be removed. The manner in which this may be done will be adverted to at another time.

THE ETHNOLOGICAL QUESTION.

We present, in this number, another article on the question "Is the negro a distinct species?" This subject does not, by any means, diminish in interest. On the contrary, it is every day attracting more attention, both in and out of the medical profession. An objection to a discussion of the subject, at this time, is that ethnological science is so much in its infancy that the discussion is premature. This, however, we are hardly prepared

to admit as a valid objection, as discussion will throw light upon the subject.

It is due to Dr. Forwood, to say that his position on this question has not been fully understood. We certainly are among those who did not comprehend the meaning of his former article. He does not regard the negro as allied to the monkey. On the contrary, he regards them as of distinct *genera*. Mankind he regards as a genus composed of several species; the negro is placed by him in contrast with the Caucasian in this discussion, on account of the low place which, according to his theory, he occupies among the species, thus rendering the contrast greater.

We think that the advocates of the diversity of origin of the human race presume too much upon their present knowledge. Investigations are on foot now, and Egyptian and Assyrian discoveries have recently been made, which may materially modify some of the deductions from former reputed discoveries. Works are in process of publication, both in England and Germany, which have an important bearing on the question at issue. Writers on this subject should remember that the reputed discoveries of a day, with the deductions drawn from them, cannot in reason be received as established truths, without being subjected to the most searching comparison with well established truths and theories.

In the mean time, we bespeak for this question a patient hearing of both sides, and hope that those who take part in the discussion will do so in a spirit of candor, and with an humble sense of the majesty of Deity, the perfection of His works, and the utter insignificance of man in comparison. For our own part, we rejoice in the belief that, for ALL nations and races of men, whether of one species or many, there is hope beyond the grave, believing, as we do, that the period of their existence here is but as a microscopic mote compared with the universe.

The Journals.—We are glad to observe an improvement in the appearance of many of our exchanges. We would instance the *N. A. Medico-Chirurgical Review*, which is enlarged, and the price of the subscription increased to $5 00. The additional space, like that of our own journal, is intended to accommodate abstracts from contemporaneous journals. We like everything about this journal but its name.

The *N. Y. Journal of Medicine* makes an improved appearance. Dr. Smith has secured the services of an able corps of collaborators, among whom is the name of E. Brown Séquard, M. D., "Prof. in the Cooper Institute of New York." The *Nashville Journal* has secured the services of Drs. Blackie and R. C. Foster 4th, in the editorial department, Dr. Eve withdrawing. (By the way, Dr. Flint, of the *Buffalo Journal*, is in error, in classing the *Nashville Journal* among its seniors. The latter journal publishes two volumes a year, which may account for the apparent difference.) The *Northwestern Medical and Surgical Journal* changes its title to "*The Chicago Medical Journal.*" Dr. Happoldt withdraws from the *Charleston Medical Journal*—a position he has very worthily filled—and is succeeded by Dr. J. Dickson Bruns. It is announced that Dr. D. W. Yandell contemplates founding a new journal in Louisville, Ky. We also see it stated that a new journal is to be started in North Carolina.

Just as we are going to press, the Dec. No. of the *Western Lancet* comes to us with the announcement that its days, as an independent journal, are numbered. It will henceforth be issued under the name of the *Cincinnati Lancet and Observer*, having been united with the *Cincinnati Medical Observer*. The consolidated journal is to be under the proprietorship of Dr. E. B. Stevens, and edited by Drs. Mendenhall and Stevens.

Dr. Blackman, late editor of the *Western Lancet*, thus gives the *coup de grace* to his experience as an editor. "Could we have foreseen the cares and annoyances of an editor and proprietor of a medical journal nothing could have tempted us to add to the demands on our time, made by our public and private labors—the thankless toil of this new vocation. * * The State of Ohio can boast of medical talent enough to sustain a journal far superior to any to be found at present within its borders; but it were easier to call Lazarus from his grave, than to rouse many of the profession from their lethargy, or secure their cöoperation in any effort to build up a medical literature worthy of the age, or the noble state in which we live."

In noticing Dr. Yandell's proposition to start a new journal in Louisville, Dr. Blackman says that he does not believe that it can succeed, as other journals, in the hands of publishers with ample means, circulate largely throughout the West. He says, that the *London Lancet* has a circulation in Cincinnati about equal to that of its own journals. An international copyright law would be an "amazing good thing" for that journal.

Dr. B. accords to Dr. Yandell the ability to bring out a good journal,

and, if fond of expensive luxuries, hopes he may enjoy the luxury. For his own part, he can truly say, "enough is as good as a feast."

Tribulations of Discoverers.—Dr. Marshall Hall claimed priority in the discovery of the excito-secretory function of the spinal nerves, but gracefully yielded it to Dr. Henry F. Campbell, of Augusta, Ga., on his demonstrating that he taught the same doctrine prior to its announcement by Dr. Hall. But, no sooner had the chaplet been placed on Dr. Campbell's brow, by so distinguished a hand, than up jumps Dr. J. Adams Allen, of somewhere in Michigan, and "puts in" for the honor of teaching the same doctrine before Dr. Campbell did. Still the question was not allowed to rest, for next, down comes Dr. Martyn Payne, of New York, with a claim to a priority over all and everybody! Well! here are "riders" enough to crush anybody but a Campbell. We know he has "pluck," and if there is any such thing as defending his claim, he will do "that same." We wish him a good time.

Another case, of the same kind, has more recently engaged the attention of a portion of the profession. It is "on this wise." Dr. Oliver W. Holmes, the eccentric "poet, anatomist, and physician," of Boston, and Dr. Powhatan Jordan, on whose favored person, the shadow of the President occasionally falls on "Pennsylvania Avenue," happened, simultaneously, we believe, or nearly so, to discover—we will not say that—to *record* the discovery of "a foolish little muscle"—as Dr. Holmes very poetically calls it, since he finds that there is a rival claimant to the discovery—being a continuation of a few fibres of the rectus abdominis, across the sternum—up, somewhere, towards the calvaria. If our memory serves us rightly, the late Prof. Horner frequently pointed out these fibres, in his lectures, but made no special note of them. How is *this* matter to be settled?

We long ago said that we hoped we never should discover anything, as nothing would be gained by it, for some one would be ready to claim it as a prior discovery!

Benedict's Sanitarium.—This institution is located at Magnolia, on the St. John's River, East Florida. It is about 25 miles south of Jacksonville, and 20 west of St. Augustine. Dr. Benedict was well known in Philadelphia and New York, as an eminent practitioner of medicine, and was, for some time, Superintendent of the N. Y. State Lunatic Asylum. Being threatened with tubercular disease, he went to Florida, where his health was so much benefited, that he determined to establish, at some eligible point there, a sanitarium, under his own immediate

supervision. This, he has located at Magnolia, and surrounded it with every attraction, for a pleasant winter retreat for invalids.

We have had patients and friends under Dr. Benedict's care, much to their satisfaction, and we know of others who have sojourned at his institution, and been benefited by it.

The access to Magnolia is by steamship from New York, or by railroad to Charleston and Savannah, thence by steamer, from the former place, on Tuesdays, and from the latter on Mondays, Wednesdays, and Fridays, reaching Magnolia the following days. The expense from New York is little over thirty dollars.

We commend this institution to the notice of our subscribers who may wish to send patients to a mild climate, and desire to have them under competent medical supervision.

New York Ophthalmic School.—Dr. Mark Stephenson is delivering his annual course of lectures at the N. Y. Ophthalmic Hospital, No. 6 Stuyvesant Place. The last annual report shows that, during the past year, 1,200 cases of diseases of the eye were operated upon, or prescribed for, including most of the diseases which afflict that organ. Our readers will perceive by the advertisement that this institution offers excellent advantages for the study of diseases of the eye.

Southwestern Clinical Infirmary, Philadelphia.—Some changes have been recently made in this institution. Dr. J. A. Meigs is transferred to the department of Diseases of the Chest; Dr. W. H. Gobrecht to that of Diseases of the Kidneys, and Dr. Eli McClellan—son of the late Prof. Sam'l McClellan—has been appointed to the department of Diseases of Females.

We learn that Drs. Madison, Turnbull, and McClellan, will give a clinical course in the Infirmary during the coming summer. An excellent opportunity for students.

☞ We regret very much that in spite of the addition of eight extra pages to this number, we are again compelled to omit valuable matter. This comprises all our editorial correspondence, obituary record, and miscellaneous matter.

Jun. 3, 1858.